







County Borough of Darlington

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# ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1962

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JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH

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ANNUAL REPORT, 1962

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TO THE CHAIRMAN AND MEMBERS  
OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1962, my fourteenth complete year of service as your Medical Officer of Health.

As those will know who in the past have done me the honour to read my reports with some care and attention, I endeavour to describe fairly fully the activities of the year under their appropriate headings and this I have done in 1962, so that I would refer those who are interested to the body of the report for such detail as they may require, merely summarising in this letter the matters which I regard as particularly important.

In the first place, I am glad to draw your attention to the lowered infant mortality rate, from 29.8 to 20.0 per 1,000 live births, and there was a corresponding decline in the perinatal mortality rate, from 36.0 to 23.2 per 1,000 total live and stillbirths. On the other hand, 4 maternal deaths in one year is a black spot on our records, the like of which has not occurred before since I became your Medical Officer of Health.

With regard to the positive achievements of your department during the year, I would particularly like to remind you of the opening of the short-stay hostel at 72 Woodland Road, further comment upon which is to be found in Part IV of the Report, where you will see that mental health has been upgraded from a Section of the Part devoted to the National Health Service Act, 1946, to become a chapter of its own. Other building projects were the health centres (old style) established in the grounds of Springfield and Skerne Park Schools. Neither of these was completed by the end of the year, but both were fully under way and other premises for the Health Department had been secured at 14 Victoria Road to give accommodation to the headquarters of the district nursing and midwifery services, whose eviction from 68/70 Woodland Road was pending throughout the year. Plans for suitable adaptation of what was not otherwise a particularly convenient house had been decided before the end of 1962, but no work had actually been carried out. Meanwhile, your Superintendent of the midwifery and home nursing services had ceased to reside at 68/70 Woodland Road and had been accommodated under Corporation auspices at 67 Sandriggs. The doomed premises still continued in use as headquarters of the combined services and incidentally incurred for you a completely disproportionate expense to keep them adequately heated. The sooner the change can be made, and the old premises abandoned, the better from all points of view. Reference is also made in the body of the report to the Hopetown Training and Industrial Centre, which was under preparation at the end of the year for the employment of mentally sub-normal adult men.



With regard to personnel, some similar developments may be described, as in the appointment of Dr. Elaine M. Osborne as Assistant Medical Officer of Health and School Medical Officer from 1st May, Mr. M. Duddin, as Mental Welfare Officer from 1st October, and Mrs. M. J. Eglington, Assistant Supervisor at the Junior Training Centre from 8th January. Wardens for the short-stay hostel were also appointed. The retirement of Mrs. I. Wilson, who for many years has given most valued service as a domiciliary midwife in the northern part of the town, led to two appointments, of Mrs. E. W. Lindow and Miss K. Murphy, who began duty with effect from 1st January and 8th October respectively, so bringing your domiciliary midwifery establishment up to strength. On the other hand, the district nursing service was depleted by the retirement of three of its number, which has led to some difficulty in maintaining our commitments, though success in doing so is attested by the absence of any complaint from general practitioners, who are particularly sensitive to the work of this section of your department since it is of most immediate benefit to them. The darkest chapter where personnel is concerned still remains that of the health visitors, where two resignations took place in July and August, with only one continuing replacement, Mrs. J. Robinson, on a basis of temporary assistantship. At the end of the year there was no student health visitor, as the person appointed with that end in view did not in fact stay the course. Even if the full establishment as permitted by the Council were maintained, there would still be insufficient health visitors for the size of the authority and it is therefore impossible with your present numbers to extend the health visiting service into certain spheres where some progressive authorities, such as the City of Oxford, have achieved considerable success. I am thinking particularly of co-operation with general practitioners, which would be a most valuable advance in preventive and social medicine.

During the year all local health authorities were invited by the Ministry of Health to produce a ten-year plan showing what they would like to do in the development of their services over such a period, in general allowing their desires fairly free rein, though always keeping an eye on the limitations of the possible. The Darlington programme was mainly concerned with increasing your establishment, particularly of health visitors, and of providing the necessary buildings to expand the mental health service in accordance with approved proposals under the Mental Health Act and their natural extension, and in the building of health centres on the periphery of the town in addition to the two already authorised. I wonder whether the Minister, in giving this task, was really setting a test for the enterprise and imagination of local health authorities, with possible repercussions where the smaller of them were concerned owing to rearrangement of status and boundaries. If this were so, Darlington appears to have passed the test, as no serious proposal for the loss of County Borough status has been considered. The Permanent Secretary of the Ministry of Health, Sir Bruce Fraser, paid a visit to the town during the summer to consider lines of development and to see what was being done. I was pleased to show him a few of the less salubrious items along with such positive achievements as the short-stay hostel in order to convince him, if he needed conviction, that a great deal required to be done to upgrade this department in a fully worthy manner. I do not, however, propose to advert further this year to the premises in Feethams as enough has been said before, and anyone who wants to do so may use their eyes.

Before concluding, I should refer to the transfer of the handicraft centre from your administration to that of the Welfare Committee and bid a cordial goodbye with all good wishes to Mr. D. J. Whalley and Mrs. M. Charlton, who, with effect from 1st April, ceased to be your employees, and also to the numerous categories of handicapped persons whom they have so greatly helped at the old centre in North Road. With new premises in Yarm Road they may all look forward to even better and happier conditions, and anticipating the general trend of health and welfare evolution I may think of them as "not lost but gone before".

Lastly, I should like to thank you all for your interest and particularly extend thanks, my own and on your behalf, to the other members of your staff, without whose contributions the good work of the department could never have been accomplished.

I have the honour to be,

Your obedient Servant,

JOSEPH V. WALKER,

Medical Officer of Health.

Health Department,

Feethams,

Darlington.

Tel. No. Darlington 5218.

## MEMBERS OF THE HEALTH COMMITTEE

(at 31st December, 1962)

Councillor Rev. M. A. Beaton (Chairman).

Alderman A. J. Best, O.B.E., J.P.

„ F. Stephenson.

„ A. W. Snaith.

Councillor J. E. Angus, J.P.

„ H. Carr, J.P.

„ D. F. Craig.

„ J. J. Dauber.

Councillor S. P. Oliver.

„ A. M. Porter.

„ Mrs. G. W. Raine.

„ G. W. Welford, J.P.

„ Mrs. M. Wilkinson

(Vice-Chairman).

Co-opted Members : Mr. K. Girgis, F.R.C.S.

Dr. V. G. Crowley.

## STAFF

Medical Officer of Health and  
Principal School Medical Officer

Deputy Medical Officer of Health and  
Deputy Principal School Medical  
Officer

Assistant Medical Officer of Health  
and School Medical Officer

Chest Physician (part-time)

Consultant Venereologist ...

Obstetrician (Registrar) for Ante-  
natal Clinics (part-time) ...

Assistant Medical Officer for Child  
Welfare (part-time) ...

Principal School Dental Officer ...

School Dental Officer ...

Public Analyst ...

Chief Public Health Inspector ...

Deputy Chief Public Health Inspector ...

Public Health Inspectors ...

Pupil Public Health Inspectors ...

Housing Inspector ...

Joseph V. Walker, M.D., M.R.C.P.,  
D.P.H.

Winifred Mary Markham, M.R.C.S.,  
D.P.H.

John Fleming Bishop, M.B., Ch.B.,  
C.P.H.

Elaine Marion Osborne, M.B., Ch.B.,  
D.P.H., D.R.C.O.G. (from 1/5/62)

... Gilbert Walker, M.B., Ch.B.,  
M.R.C.P., D.P.H.

... Edward Campbell, M.B., Ch.B.,  
D.P.H.

... A. K. Chakravarty, M.B., D.G.O.  
(Calcutta).

... Mrs. Jean Dubberley, M.B.,  
Ch.B.

... J. McAra, L.D.S.

... P. Waterfall, L.D.S.

... W. G. Carey, F.R.I.C.

... F. Ward <sup>1 2 3</sup>

... J. R. White <sup>1 2 3</sup>

... A. F. Theakston <sup>1 2 2a</sup>

... J. E. Harris <sup>1 2</sup>

... R. E. Hinds <sup>1 2</sup>

... P. Moss <sup>1 2</sup> (till 8/4/62)

... W. C. Robson <sup>1 2</sup>

... K. Dixon <sup>1</sup> (from 24/5/62)

... D. G. Willson

... D. M. Woods (from 1/10/62)

... S. R. Blackburn

Superintendent Health Visitor and School Nurse ... ..	... Miss E. Winch <sup>4a 5 6 7 8</sup>
District Health Visitor ... ..	... Miss F. E. Smith <sup>4a 5 6</sup> (till 31/8/62)
Health Visitor/School Nurse ... ..	... Mrs. E. Allan <sup>4a 5 6</sup> Miss D. Smith <sup>4a 5 6</sup> Mrs. D. Barry <sup>4a 5 6</sup> Miss E. Jackson <sup>4a 5 6</sup> Mrs. M. D. Whalen (née Baldwin) <sup>4a</sup> <sup>5</sup> (Part I) <sup>6</sup> Mrs. C. H. Ellis <sup>4a 5 6</sup> Miss D. Owen <sup>4a 5 6</sup> Miss M. Mossman <sup>4a 5 6</sup> (till 31/7/62)
Student Health Visitor ... ..	... (Vacant)
Temporary Assistant Health Visitor/ School Nurse ... ..	... Miss V. Lorrison <sup>4a</sup> (from 1/3/62 to 31/8/62) Mrs. J. Robinson <sup>4a</sup> (from 1/11/62)
Tuberculosis Health Visitor ... ..	... Miss A. Thornton <sup>4a 5 6</sup>
Superintendent Midwife and District Nurse ... ..	... Miss C. Beckett <sup>4a 5 8</sup>
District Midwives ... ..	... Mrs. I. Wilson <sup>5</sup> (till 17/10/62) Miss E. Shaw <sup>5</sup> Mrs. O. M. Johnston <sup>4a 5</sup> Mrs. G. Popple <sup>4a 5</sup> Mrs. E. W. Lindow <sup>4a 5</sup> (from 1/1/62) Miss K. Murphy <sup>4a 5</sup> (from 8/10/62)
District Nurses : Full-time ... ..	... Miss M. Gill <sup>4a 8</sup> Miss M. Rodber <sup>4a 5 8</sup> Mrs. M. Harrison <sup>4a</sup> (née Quinn) till 30/9/62) Mrs. J. Beachim <sup>4a 5</sup> Mrs. A. Hill <sup>4a</sup> Mrs. A. Pottage <sup>4a 4b</sup> Mrs. J. Rutland <sup>4a 5</sup> Mrs. N. Bennett <sup>4a</sup> Mrs. M. T. Williamson <sup>4a</sup> Mrs. M. B. Neville <sup>4a</sup> (née Bromley) till 30/11/62) Mrs. J. Simpson <sup>4a</sup> (till 31/10/62)
Part-time ... ..	... Mrs. G. Anderson <sup>4a</sup> Mrs. T. Smelt <sup>9</sup>
Chief Clerk ... ..	... Hugh R. Kirk

Clerical Staff	...	...	...	...	I. Burnley (Senior Clerk) K. Watson W. Brown Miss G. W. Ruecroft (Senior Female Clerk) Miss M. Spence Mrs. A. Craig Mrs. J. Wilson (née Cowing) Mrs. D. Moore Miss P. Raper Mrs. M. Muller Miss D. Lamb Miss P. White (till 30/4/62) Miss A. Lumb Mrs. M. Nicholson Miss S. M. Ashton (from 7/5/62)
Mental Welfare Officers	...	...	...	...	C. W. Price S. McAulay Mrs. B. Meadows (till 31/5/62) M. Duddin (from 1/10/62)
Junior Training Centre Supervisor	...	...	...	...	Mrs. J. Paxton
Asst. Supervisors	...	...	...	...	Mrs. M. Kirk Mrs. G. Sullivan Mrs. M. J. Eglington (from 8/1/62)
Short Stay Hostel—Warden	...	...	...	...	A. R. Barker (from 1/3/62 to 18/5/62) F. W. Cox (from 1/9/62)
Handicraft Instructors	...	...	...	...	D. J. Whalley (till 31/3/62) Mrs. M. Charlton (née Hewson) (till 31/3/62)
Registrar of Births, etc.	...	...	...	...	J. N. Tomlinson
Rodent Operative	...	...	...	...	W. Calvert
Disinfector	...	...	...	...	W. Hunter

1. Certificate of Royal Sanitary Institute and Sanitary Inspectors' Joint Board.
2. Certificate of Royal Sanitary Institute for Meat and Food Inspectors.
- 2a. Certificate of Royal Sanitary Institute for Smoke Inspection.
3. Associate of Royal Society for Health.
4. State Registered Nurse : (a) General, (b) Fever, (c) Sick Children.
5. State Certified Midwife.
6. Health Visitor's Certificate of the Royal Sanitary Institute.
7. Nursing Administration Certificate of the Royal College of Nursing.
8. Queen's Institute of District Nursing Certificate.
9. State Enrolled Asst. Nurse.



## PART I

## Vital Statistics

Height above sea level—100 to 240 feet.

Area of Borough in acres—6463.

Resident population (Registrar General's estimate, 1962)—84,400

Resident population (last census 1961)—84,178

Density of population per acre—13.

Percentage increase on last census population—0.26%

Inhabited houses (at 1st April, 1963):

(a) Dwelling houses	...	...	...	...	...	27,076
(b) Dwelling houses and shops	...	...	...	...	...	522
(c) Licensed premises	...	...	...	...	...	66
Total ...						27,664

Rateable value (at 1st April, 1963)—£3,573,236

Sum represented by 1d. rate (at 1st April, 1963)—£14,100.

*Relating to Mothers and Infants :*

Live births—1,446 (Male—729, Female—717).

Live birth rate per 1,000 population—17.1.

Stillbirths—19.

Stillbirths rate per 1,000 live and stillbirths—12.9.

Total live and stillbirths—1,465.

Infant deaths—29.

Infant mortality rate per 1,000 live births—Total 20.0

„ „ „ „ „ „ „ —Legitimate 17.7

„ „ „ „ „ „ „ —Illegitimate 56.2

Neonatal mortality rate (first four weeks) per 1,000 live births—11.7.

Early Neonatal mortality rate (under one week) per 1,000 live births—10.4

Perinatal mortality rate (stillbirths and deaths under one week combined  
per 1,000 total live and stillbirths)—23.2

Illegitimate live births per cent. of total live births—6.2%.

Maternal deaths (including abortion)—4.

Maternal mortality rate per 1,000 live and stillbirths—2.7.

*Relating to Death :*

Deaths from notifiable infectious diseases (other than tuberculosis)—4.

Deaths from gastro-enteritis (under 2 years)—1.

„ „ respiratory tuberculosis—15.

„ „ non-respiratory tuberculosis—0.

„ „ cancer—159 (Cancer of the lung—35).

„ „ circulatory diseases—528 (Coronary thrombosis—96).

„ „ pneumonia and bronchitis—94.

„ „ violent causes—52.

Deaths of persons 65 years and over—66.6% of all deaths.

Deaths of persons 75 years and over—42.3% of all deaths.

Inquests held—56.

Uncertified deaths—3.

Deaths in institutions—485 (including 111 in institutions outside the Borough.

This is equivalent to 47.0% of all deaths compared with 48.6% in 1961).

Death rate per 1,000 population—12.2.

Total deaths—1,032 (Males—559, Females—473).

Natural increase of population—414.

TABLE I  
Comparable Table of Vital Statistics, 1942—1962

Year	Estimated Population.	Birth-Rate*		Death-Rate*		Infant Mortality*	
		Dar- lington	England & Wales	Dar- lington	England & Wales	Dar- lington	England & Wales
1942	78,880	15.7	15.8	12.1	11.6	59	49
1943	77,400	16.0	16.5	13.5	12.1	53	49
1944	77,640	19.8	17.6	12.5	11.6	42	46
1945	78,280	17.5	16.1	12.4	11.4	40	46
1946	82,460	19.6	19.1	11.9	11.5	40	48
1947	83,600	20.6	20.5	12.5	12.0	38	41
1948	84,000	18.4	17.9	11.6	10.8	32	34
1949	84,830	16.3	16.7	11.5	11.7	44	32
1950	85,550	15.6	15.8	12.9	11.6	34	30
1951	84,770	15.5	15.5	12.4	12.5	28	30
1952	84,000	14.1	15.3	11.5	11.3	26	28
1953	83,820	15.7	15.5	11.8	11.4	38.8	26.8
1954	83,900	14.8	15.2	11.2	11.3	28.9	25.4
1955	83,560	15.3	15.0	12.3	11.7	27.4	24.9
1956	83,360	14.1	15.6	11.9	11.7	34.0	23.7
1957	83,260	15.5	16.1	12.5	11.5	32.6	23.1
1958	83,170	16.1	16.4	12.3	11.7	28.3	22.6
1959	83,300	15.9	16.5	12.2	11.6	27.9	22.0
1960	83,660	16.6	17.1	12.8	11.5	26.5	21.9
1961	84,050	17.1	17.4	12.6	12.0	29.8	21.6
1962	84,400	17.1	18.0	12.2	11.9	20.0	21.4

\* Rate per Thousand.

The following Tables provide further information relating to the cause and place of deaths in the Borough and to the special incidence of mortality among infants under 1 year of age and among children aged 1 and over and under 15 years of age.

TABLE II

Deaths occurred from the following causes :—

CAUSE	WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	Haughton	Eastbourne	West	South	Lingfield	TOTAL	Inward Transfers	GRAND TOTAL
1 Tuberculosis, respiratory ...	...	...	...	2	2	...	2	1	...	...	1	4	12	3	15
2 Tuberculosis, Other ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Syphilitic disease ...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1
4 Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1
6 Meningococcal Infections ...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases ...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
10 Malignant neoplasm, stomach	1	2	1	1	1	...	1	...	...	...	3	...	10	...	10
11 „ lung, bronchus	1	2	3	1	2	3	1	3	1	2	5	24	11	35	
12 „ breast...	...	...	1	2	...	...	1	3	2	3	5	17	1	18	
13 „ uterus...	...	1	...	1	...	...	...	...	1	...	...	3	1	4	
14 Other malignant and lymphatic neoplasms	7	8	5	9	8	4	2	9	5	12	7	76	16	92	
15 Leukaemia, aleukaemia	1	...	2	...	...	...	...	...	...	2	1	6	...	6	
16 Diabetes ...	...	...	...	2	...	1	...	1	1	1	2	8	2	10	
17 Vascular lesions of nervous system...	2	8	9	14	17	11	5	18	15	19	24	142	20	162	
18 Coronary disease, angina	4	8	4	10	11	7	6	8	8	7	7	80	16	96	
19 Hypertension with heart disease...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	
20 Other heart disease ...	1	8	1	5	11	12	3	15	7	15	13	91	11	102	
21 Other circulatory disease	11	12	15	11	20	12	5	9	9	19	22	145	22	167	
22 Influenza ...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
23 Pneumonia ...	3	1	2	6	1	5	2	2	2	3	9	36	10	46	
24 Bronchitis ...	5	2	3	6	2	4	4	5	1	6	8	46	2	48	
25 Other diseases of respiratory system...	...	...	...	...	...	...	...	3	...	...	...	3	...	3	
26 Ulceration of the stomach or duodenum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
27 Gastritis, enteritis and diarrhoea ...	...	...	...	1	...	...	...	1	...	1	...	3	...	3	
28 Nephritis and nephrosis	...	1	...	1	1	...	2	1	...	1	...	7	...	7	
29 Hyperplasia of prostate	...	1	...	...	...	...	...	...	1	...	...	2	...	2	
30 Pregnancy, childbirth, abortion ...	...	...	...	1	1	...	...	...	1	1	...	4	...	4	
31 Congenital malformations	...	...	...	...	...	1	...	...	...	1	...	2	2	4	
32 Other defined and ill-defined diseases ...	10	13	14	6	8	11	12	7	12	21	18	132	8	140	
33 Motor vehicle accidents	1	...	1	1	2	1	1	1	1	1	2	12	7	19	
34 All other accidents ...	1	2	1	2	3	1	1	1	2	...	1	15	5	20	
35 Suicide ...	...	1	1	...	1	2	...	4	...	1	2	12	1	13	
36 Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
TOTALS ...	48	70	65	82	90	79	47	92	69	121	130	893	139	1032	



TABLE III

Deaths occurred at the following ages :—

CAUSE	YEARS								
	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75+
1 Tuberculosis, respiratory ...	...	...	...	...	...	3	8	3	1
2 Tuberculosis, Other ...	...	...	...	...	...	...	...	...	...
3 Syphilitic disease ...	...	...	...	...	...	...	...	...	1
4 Diphtheria ...	...	...	...	...	...	...	...	...	...
5 Whooping cough ...	1	...	...	...	...	...	...	...	...
6 Meningococcal Infections ...	...	...	...	...	...	...	...	1	...
7 Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases...	...	...	...	1	...	...	...	...	...
10 Malignant neoplasm, stomach...	...	...	...	...	...	...	4	5	1
11 „ „ lung, bronchus ...	...	...	...	...	1	1	20	12	1
12 „ „ breast ...	...	...	...	...	...	3	9	3	3
13 „ „ uterus ...	...	...	...	...	...	1	2	...	1
14 Other malignant and lymphatic neoplasms...	...	...	...	...	...	6	27	25	34
15 Leukaemia, aleukaemia ...	...	...	1	...	1	...	1	...	3
16 Diabetes ...	...	...	...	...	...	1	3	4	2
17 Vascular lesions of nervous system...	...	...	...	...	...	2	31	38	91
18 Coronary disease, angina ...	...	...	...	...	...	6	43	29	18
19 Hypertension with heart disease...	...	...	...	...	...	...	...	1	...
20 Other heart disease ...	...	...	...	...	1	5	20	23	53
21 Other circulatory disease...	...	...	...	...	1	1	17	46	102
22 Influenza ...	1	...	...	...	...	...	...	...	...
23 Pneumonia ...	5	...	...	...	...	2	6	8	25
24 Bronchitis ...	1	...	...	...	...	1	13	18	15
25 Other diseases of respiratory system...	...	...	...	...	...	...	1	...	2
26 Ulceration of the stomach or duodenum...	...	...	...	...	...	...	...	...	...
27 Gastritis, enteritis and diarrhoea...	1	...	...	...	...	...	...	1	1
28 Nephritis and nephrosis ...	...	...	...	...	...	2	1	3	1
29 Hyperplasia of prostate ...	...	...	...	...	...	...	...	1	1
30 Pregnancy, childbirth, abortion...	...	...	...	...	1	3	...	...	...
31 Congenital malformations ...	4	...	...	...	...	...	...	...	...
32 Other defined and ill-defined diseases...	16	...	1	1	...	6	25	22	69
33 Motor vehicle accidents ...	...	1	...	2	5	6	1	2	2
34 All other accidents ...	...	...	...	1	1	1	6	3	8
35 Suicide ...	...	...	...	...	1	3	5	2	2
36 Homicide and operations of war...	...	...	...	...	...	...	...	...	...
TOTALS ...	29	1	2	5	12	53	243	250	437

Parts Affected	under35		35-45		45-55		55-65		65-75		75 and over		TOTAL		% of all cases	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Mouth and Throat	...	...	...	...	...	...	...	...	...	2	3	...	3	2	3.1	
Gastro Intestinal	...	...	1	1	2	3	8	5	9	12	11	13	31	34	40.9	
Genito Urinary	...	...	...	2	...	1	3	4	4	...	4	2	11	9	12.6	
Breast	...	...	1	...	2	...	8	...	1	...	3	...	3	...	11.3	
Bones	...	...	...	...	1	...	1	...	...	2	...	...	2	2	2.5	
Glands	...	...	...	1	...	...	1	...	...	...	...	1	1	2	2.0	
Thorax	...	...	1	...	1	...	5	2	13	...	9	3	1	...	22.0	
Skin, etc.	...	...	1	...	...	...	1	...	...	1	...	1	...	4	...	2.5
Brain	...	...	...	...	1	...	2	...	1	...	...	...	1	4	1	3.1
TOTAL	2	1	4	5	11	15	26	10	23	22	20	20	86	73	100.0	

### Seasonal Incidence of Deaths Under 1 Year, 1962

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES ... ..	7	11	5	6	29
Influenza ... ..	1	...	...	...	1
Measles ... ..	...	...	...	...	...
Whooping Cough ... ..	...	...	...	1	1
Bronchitis ... ..	1	...	...	..	1
Pneumonia (all forms) ... ..	2	2	1	...	5
Meningitis (not T.B.) ... ..	...	...	...	...	...
Gastro-Enteritis ... ..	...	1	...	...	1
Injury at Birth ... ..	1	1	...	2	4
Atelectasis ... ..	...	2	1	...	3
{ Congenital Malformations ... ..	...	1	2	1	4
{ Premature Births ... ..	2	4	1	1	8
{ Atrophy, Debility and Marasmus ... ..	...	...	...	...	...
Suffocation and Asphyxia... ..	...	...	...	1	1
Other Causes ... ..	...	...	...	...	...

TABLE VI

## Infant Mortality, 1962

Net deaths from stated causes at various ages under one year of age.

				Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
All Causes	Certified	...	...	15	1	1	...	17	5	6	1	...	29
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	1	...	...	...	1
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	1	...	...	1
Bronchitis	...	...	...	...	...	...	...	...	1	...	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	4	1	...	5
Meningitis (not T.B.)	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastro-Enteritis	...	...	...	...	...	...	...	...	1	...	...	...	1
Injury at Birth	...	...	...	4	...	...	...	4	...	...	...	...	4
Atelectasis	...	...	...	3	...	...	...	3	...	...	...	...	3
Congenital Malformations	...	...	...	1	...	1	...	2	2	...	...	...	4
Premature Birth	...	...	...	7	1	...	...	8	...	...	...	...	8
Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	...	...	...	...	...	...	1	...	...	1
Other Causes	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL				15	1	1	...	17	5	6	1	...	29

TABLE VII

## Mortality among Children, 1-5 years and Children of School Age

Causes of Death	1	2	3	4	To'l 1-5	5	6	7	8	9	10	11	12	13	14	To'l 1-15
Run over by Motor	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	3
Extensive burns at home	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Infective Hepatitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Lymphatic Leukaemia	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1
Congenital heart disease	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1
Bilateral Hydronephrosis	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
TOTAL	...	...	1	1	3	1	1	1	1	...	...	...	...	...	1	8

## Commentary

One is glad to be able to say that during 1962 the infant mortality rate, which in other recent years has been so frequent a cause of disappointment, showed a marked improvement. Whether this happy trend will continue, time alone can show, but as your Medical Officer of Health has pointed out on other occasions, there is no intrinsic reason on account of prevailing poverty, low standards of living and inferior housing, why Darlington should have an adverse rate compared with the country in general. Various explanations have been put forward to explain the matter, but it cannot be said that any one of them fully covers the field. While this is good news, in another and closely related quarter a worse situation was shown in 1962 than for many years previously, when there were no less than 4 maternal deaths. It is not proposed to make any comment about them, except to record them, because the Ministry of Health requires a careful investigation of each and every one towards which all medical and nursing personnel involved must make their contribution and an independent assessor appointed by the Minister finally gives his unprejudiced opinion of the information to hand. You may know that a recent publication of the Ministry of Health has been a report upon maternal mortality, where various factors are examined, possible faults disclosed and the means to remedy them discussed. Apart from this black spot the outstanding causes of mortality continue to be cancer and diseases of the heart and blood vessels, so that out of 1,032 deaths, 96, or not far off 10%, were attributable to coronary thrombosis alone and 35 to cancer of the lung or bronchus. These, though, are for the most part diseases of the later part of life, when under conditions of our human lot death becomes increasingly probable and Table III shows in graphic form how the vast majority of those who die are over 45 years of age. The decade, however, 45 to 65 still accounts for much too many of them and health in middle age should be as important a preoccupation of preventive medicine as health in childhood. Table VII illustrates the small though still too numerous examples of mortality among younger children and those of school age, and some of these are preventable, such as those due to accident. The death recorded as from infective hepatitis, though this is perhaps the best residual diagnosis, showed several unusual features and was certainly anomalous compared with the majority of cases of this disease, even when, as sometimes unfortunately happens, they run an acute and fatal course.

## PART II

# Prevalence and Control over Infectious Diseases

## § 1. GENERAL.

The following two Tables are exactly the same in form as in previous years, showing the incidence of infectious diseases in the County Borough and the admissions to Hundens Unit of the Darlington Memorial Hospital from its catchment area, which includes an extensive rural surround to Darlington with the military establishments at Catterick. The distinction in Table VIII between 'C' and 'M', representing civilian and military, indicates the connection with service establishments, also including two of the R.A.F.

TABLE VIII

### Incidence of Infectious Diseases

DISEASE	Borough Cases				Cases removed to and Deaths in Hundens Hospital							
	Total Cases Notified		Total Deaths		From Borough				From Rural and other Districts			
					Cases		Deaths		Cases		Deaths	
	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ... ..	21	...	...	...	2	...	...	...	...	...	...	...
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ... ..	3	...	1	...	3	...	1	...	3	...	...	...
Erysipelas ... ..	1	...	...	...	1	...	...	...	...	...	...	...
Ophthalmia Neonatorum ... ..	1	...	...	...	1	...	...	...	...	...	...	...
Puerperal Pyrexia ... ..	4	...	...	...	...	...	...	...	...	...	...	...
Pneumonia ... ..	10	...	46	...	4	...	...	...	...	...	...	...
Measles ... ..	49	...	...	...	1	...	...	...	5	...	1	...
Respiratory Tuberculosis ... ..	30	...	15	...	28	...	3	...	15	1	...	...
Meningitis T.B. ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Other forms of Tuberculosis ... ..	1	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	14	...	1	...	3	...	1	...	1	...	...	...
Infective Encephalitis ... ..	3	...	...	...	3	...	...	...	1	...	...	...
Poliomyelitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ... ..	4	...	...	...	3	...	...	...	1	...	...	...
Food Poisoning ... ..	40	...	...	...	21	...	...	...	3	...	...	...
Infective Hepatitis ... ..	8	...	1	...	...	...	...	...	3	...	...	...
Other Conditions ... ..	132	...	...	...	108	...	8	...	58	...	3	...
TOTALS ... ..	321	...	64	...	178	...	13	...	90	1	4	...



TABLE IX

## 1962—Infectious Diseases in Wards

DISEASE	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Haughton	TOTAL
Scarlet Fever ... ..	1	3	1	1	2	1	1	1	1	4	5	21
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	2	...	3	...	1	...	...	1	5	...	2	14
Measles ... ..	3	3	1	9	8	14	1	9	1	...	...	49
Poliomyelitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Infective Encephalitis ... ..	...	...	...	...	...	...	1	...	...	...	2	3
Meningococcal Infection ... ..	...	...	...	1	...	...	...	...	2	...	...	3
Pneumonia ... ..	1	1	...	1	...	...	1	1	1	1	3	10
Infective Hepatitis ... ..	...	1	3	1	...	...	...	1	2	...	...	8
Erysipelas ... ..	...	...	...	...	...	...	1	...	...	...	...	1
Peurperal Pyrexia ... ..	...	...	...	3	1	...	...	...	...	...	...	4
Ophthalmia Neonatorum ... ..	...	1	...	...	...	...	...	...	...	...	...	1
Dysentery ... ..	...	...	...	...	1	...	...	...	2	1	...	4
Food Poisoning ... ..	5	5	1	9	4	...	1	7	3	2	3	40
Others ... ..	5	11	11	10	7	12	9	13	25	11	18	132
Respiratory Tuberculosis ... ..	4	4	1	4	1	1	1	4	4	3	3	30
Non-Respiratory Tuberculosis ... ..	...	...	...	...	1	...	...	...	...	...	...	1
TOTAL ... ..	21	29	21	39	26	28	16	37	46	22	36	321

### Commentary

The year 1962 was not a period for a high incidence of measles and it is interesting to note that of the 49 cases notified in the County Borough only 1 was admitted to Hundens Unit, as also to note that of the 21 cases of scarlet fever notified only 2 were admitted to hospital. This is a sufficient indication of the relative mildness of these infections at the present time, though it may be remarked that of the external patients suffering from measles 1 died, due to severe complicating broncho-pneumonia. At the time of writing, early 1963, the question of prophylactic inoculation against measles is under discussion and your Medical Officer of Health is undertaking some research in connection with the matter, upon which it is hoped to report in due course. Another infectious disease which has again become relatively mild is whooping cough, where it will be noticed that among 14 notifications none were admitted to hospital from the County Borough itself. Among external patients there was again 1 death, due to pneumonia, but it cannot be doubted that whooping cough as a disease has become much lessened in severity as well as of slighter incidence since immunisation was carried out. Some contemporary opinion tends to regard this malady as a double infection initiated by a virus and subsequently exacerbated by the organism *haemophilus pertussis*. The immunising process only protects against the latter organism and this will account for the modified character of the illness in spite of its continued presence among us; among protected children all we tend to get is the initial virus infection.

Looking through the admissions to Hundens Unit during 1962 it is noticeable that the largest single group was in non-specific gastro-enteritis, comprising a total of 20. This diagnosis nearly always represents a feeding upset at home, often correlated with relatively inferior conditions there, with associated vomiting and diarrhoea. As the major menace to child life from disturbance of the gastro-intestinal tract is precisely loss of fluid and the disturbance of the electrolyte balance due to vomiting, admission of such patients to hospital is strongly to be recommended when any anxiety is felt and we are always very glad to accept them there even though the majority of cases almost immediately cease to show adverse symptoms. They are given at first dextrose saline solution by mouth, which they almost always tolerate readily and it is very rare that the need for parenteral fluid arises. In 1962 the second largest group of admissions, 19 in all, was for salmonellosis and a detailed account of this outbreak is to be found in Appendix 'A' on page 85. In addition to these patients there were 2 admitted with salmonellosis due to *S. typhi murium* not related to each other or to any wider group, and 5, also sporadic, with bacteriologically confirmed sonne dysentery. Other infectious illnesses were represented by 1 admission for rubella, 2 for chicken pox, 3 for infective hepatitis and 2 for infective mononucleosis. Streptococcal sore throat accounted for 7 admissions and the remainder represented a wide range, among which, however, 4 due to infective encephalitis are worthy of a further note.

It will be remembered that in 1958 a series of patients were admitted to Hundens Unit suffering with symptoms of primary encephalitis for which no assignable virus was discovered. All made a satisfactory recovery and nothing more has been heard of any of them as far as complications were concerned. Towards the end of 1962 a somewhat similar group of patients were admitted, all within a few weeks of each other, but not, as far as could be ascertained, associated in any way with each other or with other similar patients. On admission they were all quite ill, showing various symptoms of brain disturbance. The cerebro-spinal fluid in all cases was under increased pressure, but was clear and showed no abnormalities otherwise. All the patients remained pyrexial and ill for several days after admission and then recovered without relapse or apparent sequel, and the Virus Research Laboratory at Newcastle was unable to identify a virus by means of their blood serum. One of the most satisfactory patients was admitted on Boxing Day with symptoms and signs that suggested acute leukaemia, which is of course, an invariably fatal disorder, but her own practitioner, who had suspected mononucleosis, proved to be right, to the great joy of all concerned.

Another outbreak of food poisoning due to the toxin of *staphylococcus pyogenes* occurred at Messrs. Patons and Baldwins immediately before the Whitsuntide break and a report upon it is also to be found at the end in Appendix 'B', this one contributed by your Deputy Medical Officer of Health.

No special note is included this year about infective hepatitis, which has become less common in the locality since it was made compulsorily notifiable. This, of course, is *post non propter hoc*.

### Cross Infection in Hospital

The Control of Infection Committee of the Darlington Hospital Management Committee continued to meet each quarter as in previous years and on

the whole recorded a satisfactory period. Surgical cross infections due to staphylococcus were very few at the Darlington Memorial Hospital and the troublesome infections due to the same organism at Greenbank Maternity Hospital became much fewer. The regular meetings of the Committee are of considerable value in keeping everyone interested in the problem of cross infection, which is the surest way of maintaining control over it. Your Medical Officer of Health undertakes the analysis of weekly returns made to him by each ward of the Darlington hospitals and the reports are prepared in your office, though the Committee is of course a sub-committee of and responsible to the Hospital Management Committee. This, however, seems to be justified since your Medical Officer of Health regards his function in this connection as within his capacity as M.O.H. rather than of Consultant Physician for Infectious Diseases. It is essentially a question of preventive medicine rather than of the treatment of misadventures after they have occurred.

## § 2. TUBERCULOSIS AND MASS RADIOGRAPHY

Your Medical Officer of Health is again indebted to the Chest Physician, Dr. Gilbert Walker, for a comprehensive report on the work of this section of the department. Dr. Walker writes as follows:

"The arrangements for dealing with diseases of the chest including tuberculosis were continued throughout 1962 with no significant alteration. Notifications of new cases of respiratory tuberculosis in the past five years were as follows:

1958	...	...	61
1959	...	...	45
1960	...	...	45
1961	...	...	35
1962	...	...	33

"In the past six years the incidence of pulmonary tuberculosis in Darlington, as reflected in the number of notifications, has been halved and the annual number of new cases is now quite small. Nevertheless in England and Wales there are in all about 200 new cases of this disease notified every week and about 50 deaths are recorded each week. Tuberculosis is being slowly brought under control, but has a long way to go before it reaches the satisfactory low level of incidence of other infections such as diphtheria.

"It will be seen from the Table given below that half of the new notifications occurred in relation to patients over 45 years of age. Only 4 patients under 25 years of age were notified in 1962, compared with 8 in 1961. It is generally acknowledged that the hard core of the problem of tuberculosis control lies in the older groups of men.

"Of the 25 new cases seen at the chest clinic and diagnosed as suffering from pulmonary tuberculosis, 14 had T.B. present in the sputum and were at the time of diagnosis a potential danger to their family and social contacts and were urgently requiring isolation and treatment. Of the 14 sputum positive cases 4 were early, 4 moderately advanced and 6 far advanced when classified according to the extent of the lung damage.

"In 1962 it was again possible to arrange immediate admission of infectious cases into hospital and no waiting list was maintained at any time. Other beds in the chest wards were available for the treatment of relapsed



pulmonary tuberculosis and also non-tuberculous intrathoracic diseases. The previous policy was continued whereby all newly diagnosed patients were offered hospital facilities for the initial period of treatment and in general this meant that they were in the wards until the course of injections prescribed for them was completed. In this way close supervision of treatment was possible and the early detection of hypersensitivity or intolerance of certain drugs prevented the defaulting in treatment which occurs when patients on domiciliary chemotherapy experience unpleasant side-effects from drugs.

"Domiciliary chemotherapy as the sole method of treatment was reserved for patients with minimal lesions or elderly patients who were not infectious.

"There were no new developments in the use of tuberculostatic drugs during the year. The three standard drugs, namely isoniazid, streptomycin and P.A.S. were used in all patients except where laboratory studies showed that the organism was resistant to one or other of them, in which cases drugs such as cycloserine, viomycin, prazinamide and ethionamide were substituted. Substitution was also necessary where severe reactions were caused by the standard drugs.

"The arrangements for the consultant thoracic surgeon holding consultative out-patient clinic sessions in Darlington were continued and an average of 12-15 patients attended each time. As time goes on there are fewer patients requiring major surgery for residual tuberculous lesions after chemotherapy and the bulk of the surgical work is non-tuberculous, chiefly dealing with malignant disease.

"The arrangements for contact follow-up, skin-testing and B.C.G. vaccination were the same as in previous years. As it was found by experience of the five year follow-up of B.C.G. vaccination that if conversion to Heaf positive was obtained the allergy invariably lasted five years at least, the annual skin-testing was abandoned in favour of single skin-test in each case, done a year after vaccination with B.C.G.

"I should again like to record my appreciation of the help received from the staff of the Health Department and to thank the Medical Officer of Health in particular for continued interest in the welfare of the tuberculous patients and their families".

The following paragraphs relate to the work of the chest service in Darlington, during 1962.

### **Administration**

The Darlington administrative area for the chest service comprises Darlington County Borough and the surrounding urban and rural districts in the counties of Durham and the North Riding of Yorkshire.

During the year the Assistant Chest Physician, Dr. D. P. Degenhardt, was appointed consultant physician with special responsibility for geriatrics in this area which he had so well served for a number of years during the tenure of his previous appointment.

The Newcastle Regional Hospital Board did not fill the vacancy but arranged that Dr. Michael Walton, Physician Superintendent at Poole Hospital, Nunthorpe, near Middlesbrough, should give three sessions a week to the Darlington area and be responsible for cover for annual and sick leave of the Chest Physician. In practice it has been necessary to call on Dr. Walton

for one regular clinic session per week in addition to cover during leave.

The contact clinic operated in the school clinic premises at Feethams as in previous years and the Chest Physician co-operated with the Medical Officer of Health and his staff in carrying out the functions of the local health authority in prevention of illness, care and after-care.

Hospital beds available to Darlington patients were as follows:—

			<i>Male</i>	<i>Female</i>
Hundens Unit ...	...	...	14	11
Friarage Hospital ...	...	...	10	—
Poole Hospital ...	...	...	As required	

### Notifications

The following Table shows the age and sex distribution of patients notified in 1962.

TABLE X

		0-4	5-14	15-24	25-34	35-44	45-54	55-64	over 65	Total
Respiratory ...	M.	—	—	1	3	3	4	4	5	20
	F.	—	1	2	3	2	—	3	2	13
Non-respiratory	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	2	—	—	—	—	2

### Deaths

There were 14 deaths from respiratory tuberculosis compared with 8 in 1961, 11 in 1960, 3 in 1959, 9 in 1958 and 12 in 1957. There were no deaths from non-respiratory tuberculosis. Ten tuberculous persons died from causes other than tuberculosis.

### Age and Sex Incidence

The age and sex incidence of new cases of respiratory tuberculosis seen at the clinic is given in the following Table, the figures in brackets being the corresponding figures in 1961.

TABLE XI

	15-25	—45	—65	65+	Total
Male ...	1 (2)	4 (7)	8 (4)	3 (3)	16 (16)
Female ...	1 (6)	5 (5)	2 (6)	1 (—)	9 (17)
Children...	—	—	—	—	— (1)
TOTAL ...	2 (8)	9 (12)	10 (10)	4 (3)	25 (34)

## Mass Radiography

The Middlesbrough Mass Radiography Unit continued to visit Darlington, the arrangements being made as in previous years between the Secretary, Mr. J. J. Walsh, and the Health Department, the latter undertaking to notify medical practitioners, factories, shops, offices and other interested parties and to organise publicity and the system of appointments.

Mr. Walsh has written as follows of the work of the Unit in Darlington during 1962:

“The results of our work in Darlington last year closely follow the pattern in the other towns in our area, namely that we have X-rayed less people but found slightly more notifiable disease.

“The total number of people X-rayed at public sessions and factories in Darlington during 1962, dropped by 1,400 when compared with the figure for 1961. One thousand of these can be accounted for in the public sessions and the remainder at factories, but we visited only three factories in 1962 compared with six in 1961. The number of persons recalled to the Clinic in 1962 was 60 less than the previous year, partly due no doubt to the smaller number X-rayed. Turning to the results of the clinical investigations, however, the number of cases of active tuberculosis discovered in 1962 was 15 compared with 14 in 1961, and public sessions accounted for 12 of these”.

The following Table summarises the work of the Unit in Darlington in 1962:

TABLE XII

Number of PERSONS X-rayed showing the number referred to Chest Clinics  
for Large Films and/or Clinical Examinations and the Abnormalities  
discovered.

Examinee Group	Miniature Films taken	To Chest Clinic	PULMONARY TUBERCULOSIS			NON-TUBERCULOUS ABNORMALITIES							
			Requir- ing treat- ment	Requir- ing super- vision	Healed no further action	Pleural abnor- malities	Bronch- iectasis	Pneu- monia	Cardiac abnor- malities	M'lig'n't Neo- plasm	Misc.	Normal	Failed to attend Clinic
Public Sessions ...	M. 1,775	38	9	2	2	7	—	3	5	3	2	4	1
	F. 1,729	33	3	2	3	4	2	1	7	1	3	7	—
Factory Surveys ...	M. 1,636	23	1	6	3	2	1	—	1	—	2	6	1
	F. 1,398	13	2	1	—	—	—	—	1	—	1	7	1
TOTALS ...	6,538	107	15	11	8	13	3	4	14	4	8	24	3



### **B.C.G. Vaccination at Contact Clinic**

The contact clinic organised by the local health authority was used for the examination and tuberculin testing of child contacts. Children found to be tuberculin positive were referred to the Mass Radiography Unit along with all adult contacts of known cases of tuberculosis. Tuberculin negative children were offered B.C.G. vaccination. In all, 106 new contacts were tuberculin tested and 116 children were vaccinated with B.C.G. including 26 babies who were vaccinated without the preliminary skin test. These figures are additional to those in the scheme for vaccinating school children operated by the staff of the Health Department.

### **Care Work**

The Darlington Tuberculosis Care Committee, which is a voluntary committee subsidised by the Corporation, has for long undertaken the care and after-care of tuberculous families and published annually a report of its activities. The changing pattern of tuberculosis and the large scope for preventive and care work in chest diseases other than tuberculosis have led the Committee to extend the scope of its work and we have at times called upon it for help in non-tuberculous cases.

Unsatisfactory housing conditions of tuberculous patients were considered by the Medical Officer of Health in consultation with the Chest Physician with a view to appropriate action for securing priority in rehousing.

In suitable cases the help of the Disablement Resettlement Officers of the Ministry of Labour was enlisted to obtain vacancies for rehabilitation and vocational training of tuberculous persons.

### **Patients on the Register**

On 31st December, 1962, there were 278 Darlington patients on the Chest Clinic register compared with 344 in 1961, and of these 273 were suffering from respiratory tuberculosis.

There were 66 respiratory patients written off as "recovered".

The following Table shows the age and sex distribution together with the classification into sputum negative (A) and sputum positive (B), and the extent of the disease namely: (1) early, (2) moderately advanced and (3) advanced.

TABLE XIII

Age Group	A.1		A.2		A.3		B1.		B.2		B.3		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 ...	1	—	—	1	—	—	—	—	—	—	—	—	1	1
„ 15 ...	1	4	—	—	—	—	—	—	—	—	—	—	1	4
„ 45 ...	16	28	6	11	—	—	7	9	21	12	3	11	53	71
„ 65 ...	10	4	13	7	—	—	6	—	40	12	12	4	81	27
Over 65 ...	5	—	4	1	—	—	3	—	11	1	9	—	32	2
TOTALS ...	33	36	23	20	—	—	16	9	72	25	24	15	168	105

### B.C.G. Vaccination for School Children

The scheme described in previous years was continued in 1962, whereby B.C.G. vaccination was offered to all thirteen-year-old school children following a preliminary skin test to indicate whether in fact such vaccination would benefit them. In addition, the scheme included students of Darlington Training College and the College of Further Education. The following Table summarises the findings and subsequent action. It will be noticed that while negative reactors were vaccinated, the positive reactors were asked to submit to mass miniature radiography. The reason for this was that the positive skin reaction indicated some previous experience of *mycobacterium tuberculosis*, which, though likely to be healed, may have been active and so discoverable at an early stage by radiological examination. Enquiries were also made as far as possible in the families of positive reactors, to discover unknown cases of open tuberculosis at large in the population from whom these young people had in the first place picked up the infection.

TABLE XIV

## B.C.G. Vaccination Statistics, 1962

(a) Children born in 1949 (b) Students of Training Colleges and Further Education Establishments

SCHOOL	Forms returned by Parents		% Consentors	Number Skin-tested	Positive Reactors			Negative Reactors		
	Consents	Refusals			No.	%	X-Rayed	No.	%	Vaccinated
(a) Albert Road (Boys) ...	57	10	85.0	57	11	19.3	10	46	80.7	46
Central (Boys) ...	91	17	84.2	91	29	31.9	29	62	68.1	62
Eastbourne (Boys) ...	134	21	86.5	134	30	22.4	26	104	77.6	104
Eastbourne (Girls) ...	115	18	86.5	115	40	34.8	35	75	65.2	74
Grammar (Boys) ...	103	17	85.8	103	16	15.6	11	87	84.4	86
Haughton (Mixed) ...	128	23	84.8	128	27	21.0	26	101	79.0	101
High (Girls) ...	94	15	86.2	94	15	16.0	14	79	84.0	79
North Road (Girls) ...	48	19	71.6	48	16	33.3	15	32	66.7	32
Reid Street (Girls) ..	93	15	86.0	93	25	26.9	24	68	73.1	68
St. Augustine's (Girls) ...	48	6	88.8	48	11	23.0	10	37	77.0	37
St. Mary's (Boys) ...	78	18	81.2	78	22	28.2	19	56	71.8	55
Barnard Special (Mixed) ...	8	2	80.0	8	1	12.5	1	7	87.5	7
Salterns Lane Open Air (Mixed) ...	6	1	85.7	6	2	33.4	2	4	60.6	4
Immaculate Conception (Girls) ...	47	6	88.7	47	3	6.4	2	44	93.6	44
TOTALS ...	1,050	188	84.9	1,050	248	23.6	225	802	76.4	799
(b) Darlington T.C. (Girls) ...	—	—	—	17	6	35.3	6	11	64.7	11
C. of F.E. (Mixed) ...	—	—	—	27	11	40.7	11	16	59.3	16

### § 3. VENEREAL DISEASES

Your Medical Officer of Health is once again extremely grateful to his colleague, Dr. E. Campbell, Consultant Venereologist, for a copy of his Annual Report on the work of Tces-side clinics, which contains as well as a general review of the situation in the area a note on cases dealt with at Darlington. Dr. Campbell has written as follows:—

“The number of ‘new’ cases seen during the year was almost identical with that of the previous year. When split up into areas served by the clinic the figures are again comparable but when sub-divided by disease a change is noted.

“Cases of non-gonococcal urethritis at the male clinic declined in numbers from 39 to 24. There has been a definite increase in gonorrhoea, male cases 32 (1961—17), female cases 13 (1961—8). The majority of cases are in the 25-29 age group, gonorrhoea in the 20-24 group numbered 9 cases and 6 cases in the 15-19 age group. No cases of gonorrhoea were under the age of 15 years and no school children attended the clinic.

“The increasing number of gonorrhoea cases seen at the clinic gave rise to an increasing number of patients who ceased to attend before completing surveillance for the disease but the percentage of defaulters encountered (18%) compared favourably with the figures for other clinics in the area.

“Efforts to trace the sources of gonorrhoea met with more success during 1962, 53% of contacts of known cases were traced and persuaded to attend for examination”.

No additional comment seems required, because, except to remark that whereas venereal diseases are one of the few and perhaps only examples of malady whose incidence is under voluntary control, the situation as far as the circumstances of their spread is concerned is likely to remain constant from one generation to another. No item in Dr. Campbell's report attracts any particular attention to the transgressions of teenagers and your Medical Officer of Health proposes to add nothing to this somewhat over-laboured question.



## PART III

**National Health Service Act, 1946****§ 1. CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)**

Some developments and redeployment are to be recorded under this heading for 1962.

**(a) Expectant and Nursing Mothers**

With effect from 1st January the long-established ante-natal clinics served by health visitors and a medical officer nominated by the hospital authority, usually the Registrar from Greenbank Maternity Hospital, came to an end. This demise may very truly be ascribed to natural causes, since the kind of clinic now determined arose at a time when ante-natal provision was extremely scanty and no public domiciliary midwifery service was in existence. In those days the welfare of the expectant mother fell very much outside normal medical supervision, at least where the poorer part of the community was concerned, and, just as in infant welfare work, and for the same reason, local authorities established clinics manned by their own assistant medical officers and health visitors to fulfil an obvious need. When the medical officers concerned were also practising obstetricians at maternity homes also sponsored by the local authority an excellent service was available, but under present day conditions the need for it has evaporated. The majority of expectant mothers, of course, are today confined in hospital, where they book beforehand and receive appropriate supervision, and those who are confined at home secure the services of their National Health Service practitioner at least to be available in the event of any emergency, even though the midwife may conduct the confinement itself. On the other hand, the role of the health visitor in the care of the expectant mother has changed rather than disappeared, and the old-style ante-natal clinics have been replaced by mothercraft and relaxation sessions, where health visitors supervise the techniques and exercises to lead to easy and as far as possible painless labour.

The establishment of the clinics for the teaching of relaxation and mothercraft represented a quite considerable effort and the expenditure of additional labour and enthusiasm on the part of Miss Winch and the other health visitors, who in the first place needed to learn by a short intensive course the physical techniques of what they were to teach. For this purpose Miss M. Ebner of the Physiotherapy Department of the Leeds General Infirmary came to the town and delivered a course of instruction, from which the health visitors and also the midwives obtained great benefit. The classes took place in the sometime office of the public health inspectors under the roof of your Health Department in Feethams. The sessions for mothers were held on Thursday afternoons at Eastbourne Nursery and on Friday afternoons at Albert Road School House, and your Medical Officer of Health takes some pride in saying that although similar sessions are now held at Greenbank Maternity Hospital your own were the first relaxation classes to be established in the town. Such sessions are invaluable, not only for the training they give towards

painless childbirth, but for health education in a more general sphere and a good relationship is established between health visitors and the mothers whom they will meet again when their child is born.

The midwives continued to hold their own ante-natal clinics for mothers booked with them and with general practitioners, and no doubt they saw a certain number who had arranged to be confined in Greenbank Maternity Hospital. Each midwife held a session, two of them at Greenbank Hospital on Wednesday afternoon and others at Albert Road School house on Wednesday and at Eastbourne Nursery School on Friday. The number of expectant mothers attending the Corporation clinics was 541 and the total attendances made were 2,069, which are much lower figures than in 1961, for which, however, the re-arrangement as described above is sufficient explanation.

#### (b) Child Welfare

The baby clinics provided by the local health authority remained as in previous years, as follows:

<b>Monday</b>	10 a.m. and 2 p.m.	Thompson Street Methodist School Room.
	10 a.m. and 2 p.m.	Corporation Road Methodist School Room.
<b>Tuesday</b>	10 a.m. and 2 p.m.	Albert Road School House.
<b>Wednesday</b>	10 a.m. and 2 p.m.	Eastbourne Nursery School.
<b>Thursday</b>	10 a.m. and 2 p.m.	Coniscliffe Road Methodist School Room.
<b>Friday</b>	10 a.m. and 2 p.m.	Cockerton Methodist School Room
	2 p.m.	Haughton Church School Room.

During 1962 some further thought was given to the possibility of additional baby clinics, especially to relieve such growing and relatively inadequately catered for areas as Firth Moor and Hummersknott. For various reasons it was impossible to supply them during the period under review and next year will, we hope, see the establishment of satisfactory sessions at the new centres at Springfield and Skerne Park.

#### (c) Care of Premature Infants

The number of premature births was less this year than last, 12 as compared with 20, and this time all were nursed at home and all survived at the end of a month.

Total premature births	...	...	...	12
Nursed exclusively at home	...	...	...	12
Surviving at end of month	...	...	...	12

#### (d) Supply of Dried Milks, etc.

The central depot at the Health Department was maintained for the distribution of dried milks, which were also available at baby clinics. Mrs. D. Moore continued to give full-time service at the centre and Miss P. Raper attended at the clinics. Mrs. D. Peden continued to give part-time service. Mr. H. R. Kirk continued to supervise this side of the work with his accustomed efficiency.

During the period 22,670 tins of dried milk, 15,520 bottles of orange juice, 2,028 bottles of cod liver oil and 1,796 packets of vitamin tablets were distributed.

(e) **Dental Care**

The number of expectant and nursing mothers to take advantage of the amenities available under this heading remained disappointingly small and only 11 did so during 1962. As your Medical Officer of Health has remarked on previous occasions, he is sure that much more remains to be done in this category than in fact receives attention and, of course, special concessions exist towards the provision of false teeth for expectant and nursing mothers than for the population at large, though few seem to be aware of the fact. These disappointing figures may reflect the widespread indifference to dental health which may be observed in other contexts and which it must be admitted certain advertising programmes on television and elsewhere do little to help.

Expectant and Nursing Mothers ... ..	11
Children under 5 ... ..	141

(f) **Care of Unmarried Mothers and their Children**

St. Agnes' Home, 45 Duke Street, continued to receive the financial support of the Corporation and gave the same good service which by long usage we have grown to expect of it. As before, the majority of those who were helped were not Darlington women and no charge for maintenance was ever made to their home authority on their behalf. That is why the Council continued the apparently ungenerous policy of previous years of refusing financial responsibility for Darlington girls accommodated in other moral welfare homes. I am again grateful to Mrs. J. Applegarth, the Superintendent, for the following figures:—

*Indoor Work*—Total number of residents was 29, consisting of:

(1) Unmarried mothers ... ..	26
(2) Married women with illegitimate babies ...	1
(3) Temporary residents... ..	2
Girls who kept babies ... ..	4
Adoptions ... ..	16

(From the 29 residents, 4 were Darlington girls)

§ 2. **DOMICILIARY MIDWIFERY (Section 23)**

It is pleasant to record that by the end of 1962 the domiciliary midwifery service was fully established, with a midwife in each of the four districts and a relief midwife to stand in for all of them on their off duty days. The duties they are called upon to perform continue to justify this establishment because, in spite of the fact that the majority of Darlington mothers elect to be confined in hospital, the number of domiciliary confinements still shows a slight rise and present hospital policy is ever more towards an early discharge of the patient to her home. Women tend to like this policy, since their desire for confinement in hospital hinges mainly upon the immediate dangers of the labour itself



to themselves and their offspring, and once a living child has been successfully delivered they want to return home. Hence your domiciliary midwives tend to find themselves responsible for the completion of the statutory period of oversight for a number of mothers whom they have not themselves confined and, though this is rather frustrating for them, it is nevertheless a well established trend in modern usage which they have accepted. Your Medical Officer of Health has in the past animadverted against early discharge from the maternity hospital and from many points of view it is no doubt disadvantageous to the nursing mother. It is, however, a compromise which must seem acceptable to many between the claims of hospital and home confinement. One outstanding and deplorable function of modern conditions is the decline of breast feeding and it is philosophically interesting if medically untoward to remark how a desire to avoid trouble and to attain complete mobility as early as possible has overridden a fundamental, health giving and satisfying human urge. To some extent the rapid weight gain of babies fed artificially discourages the mother who feeds her own baby and who also may reflect that human milks looks singularly devoid of richness and a good cream line. This, however, is how it is made and it is designed for the growth of the human infant and not for the calf which must gain rapidly in bone and muscle in order to run fast from the attacks of beasts of prey. The conditions of human infancy are, or should be, widely different.

The work carried out during the year is summarised as follows:

#### Gas and Air Analgesia

	1958	1959	1960	1961	1962
Number of patients using it ...	152	191	207	229	250
Percentages of total domiciliary confinements ...	55	69	67	70	76

#### Pethidine

Number of patients using it ...	86	92	105	117	128
Percentage of total domiciliary confinements ...	31	33	34	36	40

**Total domiciliary confinements** ... 275 282 311 326 327

	Cases attended as Midwives	Cases attended as Maternity Nurses
1953 ...	299	48
1954 ...	310	45
1955 ...	319	31
1956 ...	282	42
1957 ...	298	40
1958 ...	253	22
1959 ...	255	27
1960 ...	288	23
1961 ...	297	29
1962 ...	294	33

### § 3. HEALTH VISITING ( Section 24)

On the whole, 1962 was a disappointing year from the angle of health visiting because your scanty establishment was further diminished by the resignation of two of your health visitors who had obtained appointments elsewhere. The obligation remaining with those who were left to fulfil the basic requirements of maternal and child welfare was too onerous to allow of any extension of their work into other fields where so many tempting vistas offer if only sufficient woman-hours were available. You may be interested to think again about your establishment in this context, where the Minister recommends one health visitor per 4,000 of population, which gives for Darlington a recommended establishment of 21 excluding the Superintendent. The establishment which your Council permitted in 1960 was 15 including the Superintendent and also, of course, including the whole time of 4 school nurses, whose duties, as in nearly all progressive authorities, have been assimilated by health visitors. It is worth remarking in context that the correct title of a school nurse in these days is "school health visitor". By a resolution of the Establishment Sub-Committee, endorsed by the Council in 1960, the question of establishment was open for review again in 1963, but the situation as it is is far worse than even these figures suggest, since at the end of 1962 there were only 8 health visitors including Miss Winch. There was in addition, of course, one assistant nurse in the department and also one whole-time school nurse, but although the employment of such personnel solves certain problems it is not the correct answer, nor were you in 1962 any more fortunate in training health visitors to fill these vacancies, since Miss V. Lorrison, who had been appointed as assistant with a view to training, resigned in order to get married before her training could begin. Mrs. J. Robinson, who has replaced her, had not to the end of the year made any request with regard to further training.

As long ago as 1947 and on the morrow of the National Health Service Act, the health visitor had been defined as the "adviser to the family on health matters generally" and this gives an almost limitless commitment, including marriage guidance counselling and geriatrics, to say nothing of the closest possible co-operation with general practitioners as their socio-medical arm. In the circumstances, all that we can do is to look at this delicious banquet with longing eyes and reiterate those words among the saddest in any language, "If only. . ."

TABLE XV  
Work of Health Visitors

				<i>Total Visits</i>
Expectant mothers	...	...	...	531
Infants under 1 year	...	...	...	5,543
Children 1 to 2 years	...	...	...	2,975
Children 2 to 5 years	...	...	...	7,963
Miscellaneous Visits	...	...	...	1,121
Tuberculous Patients	...	...	...	418
				<hr/> 18,551 <hr/>

#### § 4. HOME NURSING (Section 25)

Of all the services you provide, the one which is most generally appreciated by the general practitioners of the town is home nursing and once again in 1962 you may look back upon a thoroughly satisfactory year, when, though certain difficulties of maintaining an adequate establishment were encountered, no residual problem remained on 31st December. Under the competent supervision of Miss C. Beckett your home nursing, like your domiciliary midwifery service operates smoothly without calling much attention to itself, though you may feel sure that sharp complaints would be heard if it failed to fulfil its arduous obligations. In 1962 the major problem confronting this section was the necessity to find accommodation other than 68/70 Woodland Road, which was needed as part of the hospital development plan. Your Medical Officer of Health cannot help commenting in this respect that there is a problem here of robbing Peter to pay Paul and there are some who are loudest in their advocacy of the hospital extension plan who would be among the first to complain at a breakdown of the home nursing service, but, as those with insight are long aware, human behaviour often bristles with contradictions. At any rate, faced by the stark necessity of a situation where the Ministry of Health had in the end somewhat tardily supported the hospital scheme, you looked for and found alternative accommodation at 14 Victoria Road, but at the end of the year nothing had been done towards adapting it for its eventual use, though plans had been drawn up and approved by all concerned. Miss Beckett meanwhile had moved out to a flat found for her by the Housing Committee at 67 Sandriggs, thus leaving 68/70 Woodland Road as no more than the executive headquarters, and with a disproportionate legacy of expense to yourselves in keeping it heated during the winter months. Having regard to how things have developed, one cannot but deplore in retrospect the lavish expenditure undertaken by the Darlington Queen's Nurses' Association upon these premises which, in the event, has been so largely wasted.

**TABLE XVI**  
**Analysis of Patients and Visits Paid, 1949, 1954 and 1962**

	Under 5			5-25			25-45		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	55	562	10	78	818	10	132	1,745	13
1954	11	86	8	52	1,028	20	189	3,397	18
1962	3	43	14	28	332	12	81	1,693	21
	45-65			Over 65			Total		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	286	7,625	27	545	18,803	35	1,096	29,553	27
1954	319	8,933	28	690	23,319	34	1,261	36,763	29
1962	186	7,190	39	578	20,729	36	876	29,987	34

(1) = Number of patients.

(2) = Number of visits paid.

(3) = Average number of visits per patient.



## § 5. VACCINATION AND IMMUNISATION (Section 26)

When this section in the Annual Report for 1961 was written, in May last year, the transfer from Salk to Sabin vaccine for protection against poliomyelitis was in process and this was fully accomplished by mid-summer. At about this same time the Minister of Health made a stimulating speech at the Annual Luncheon of the Royal Society of Health, where he called upon local authorities to press forward with every means at their disposal their plans for immunisation and vaccination with particular reference to poliomyelitis, diphtheria, pertussis and tetanus. Your Medical Officer of Health and his colleagues gave careful attention to this speech, to consider how to improve the techniques available to your department, and it was decided to bring protection against poliomyelitis into line with immunisation against the other three diseases and vaccination against smallpox, by making it available at the baby clinics. Now that the amenity was fully on its feet as an accepted part of the services available from the Health Department, it was felt that a less rigorous system of book-keeping might be adopted with vaccination by Sabin vaccine on demand, and it would also give health visitors opportunity to do more intensive propaganda to mothers on the spot than was possible by circular or personal letter. This increase of scope only covered pre-school children because it was obviously impossible to make use of baby clinics for parents or for children of school age, and for these sections of the population the central clinic continued to be held on demand. No special propaganda drive has been launched through the press in this context because previous efforts in this direction have met with very little response and the object of propaganda must surely be to create a climate of opinion in which protection against poliomyelitis, diphtheria, pertussis and tetanus is accepted as a natural element in child care. Now that poliomyelitis has ceased to be a live issue in the public mind, thanks to its considerable disappearance throughout the country during the last twelve months, one is not likely to encounter heavy demand from post-school adolescents and adults, or even by or on behalf of school children, unless some incident gives rise to widespread alarm. Your Medical Officer of Health believes, therefore, that the best long-term approach to the problem is to aim at the establishment of acceptance of immunisation by mothers for their young children. This is a matter of personal health education and will depend very largely on the influence of health visitors, in which respect, of course, our under-establishment in this important category of personnel is a distinct disadvantage.

During the year a quadruple antigen for subcutaneous or intra-muscular injection which combined a vaccine of the Salk type against poliomyelitis with antigens against diphtheria, pertussis and tetanus was put on the market by a highly reputable firm of manufacturers and was available to National Health Service general practitioners by means of Form E.C.10. The Minister did not supply this preparation for use by local health authorities at their clinics, though he was agreeable to its exhibition by practitioners, and the usual fee of 5s. was payable for returns to the local health authority of such immunisation. At the end of the year, though too late to make any difference to policy within it, a change in respect of vaccination against smallpox was authorised and indeed recommended by the Minister of Health. Acting upon the advice given to him, he altered the normal age when vaccination should be given from the first three months to the second year of life. This appeared to have been the response to an expert opinion that was the most recent expression of

a long-established point of view to the effect that universal vaccination against smallpox was now unnecessary and that the risks it carried, though small, were too great to justify it. The argument is that in a society with an efficient public health service such as our own, when smallpox is introduced cases of it are discovered at an early stage of the disease, are promptly isolated and contacts are followed up and vaccinated sufficiently early in the incubation period of smallpox to abort it.

A very interesting comment on all this was provided in January, 1962, as a result of the outbreak of smallpox in the City of Bradford. From an early stage the outbreak was under control and in any case there were no close contacts between Bradford and Darlington, so that possible contacts coming here would almost certainly have been duly notified to the Health Department, and a certain number were in fact so notified. The response of the population in general was, however, far more intense than the facts of the situation warranted and a heavy demand for vaccination was made, both on the Health Department and on general practitioners, so that all were forced to the expedient of making one small tubule of lymph serve two or more patients (for which, incidentally, an effective technique was devised). It was decided to meet this demand as fully as resources of lymph permitted, even though it stemmed from a somewhat illogical root, it being argued that if the public demanded a service which normally the Health Department professes itself as anxious to give to them, they ought not to be denied it if the means to satisfy them were available. As the accompanying Tables show, a very large number of people were vaccinated successfully by this method and the incident at least gave valuable experience in the management of large-scale vaccination should this ever become really necessary, and your staff enjoyed themselves thoroughly in this unusual variant to their duties. One or two points of interest arise, of which the most obvious is the mass psychology of the incident and the tendency to panic on the part of the public on insufficient evidence. The Ministry of Health requested that details of complications should be reported and in fact a certain number arose, though not with enough information to justify a formal report. The commonest was local pain and swelling of the hands due to accidental insertion of the lymph, and this occurred among members of your staff, another of whom had suffered from an urticarial rash some seven days later in association with such an accidental insertion. There was some pyrexia with this secondary rash and it is interesting that its timing relative to the insertion corresponded with the expected time of development of post-vaccinal encephalitis, which itself is regarded by current medical opinion as an allergic response. Some vague and uncertain reports of secondary illness involving a temporarily stuporose condition were heard of, but none were formally reported or notified by any general practitioner and the only one which was followed up by your Medical Officer of Health in his capacity as Consultant Physician for Infectious Diseases was in a resident of a village outside the County Borough boundary. Such events, however unimportant in their outcome, serve to underline the fact that vaccination against smallpox is associated with certain risks which may in particular cases lead to a fatal outcome.

The following Tables summarise the work carried out during the year.



# Primary Immunisation against Diphtheria of Children under 15 years of age

			Local Authority Clinics	General Practitioners	Total
1952	...	...	869	209	1,078
1953	...	...	827	197	1,024
1954	...	...	937	195	1,132
1955	...	...	875	159	1,034
1956	...	...	775	258	1,033
1957	...	...	777	259	1,036
1958	...	...	683	205	888
1959	..	...	946	267	1,213
1960	...	...	791	281	1,072
1961	...	...	896	338	1,234
1962	...	...	804	228	1,032

TABLE XVII

## Immunisation against Diphtheria

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	General Practitioners	Total	Health Department	General Practitioners	Total
Under 5 years ...	788	217	1005	441	65	506
5 to 14 years ...	16	11	27	358	117	475
TOTALS ...	804	228	1032	799	182	981

TABLE XVIII

## Vaccination against Smallpox

			Age at date of Vaccination					Total
			Under 1	1	2—4	5—14	15 or over	
Health Department	Vaccinated ...	...	612	97	285	997	1178	3169
	Re-vaccinated ...	...	—	1	34	247	1173	1455
General Practitioners	Vaccinated ...	...	161	60	122	616	1393	2352
	Re-vaccinated ...	...	—	3	27	271	1987	2288
	TOTALS ...		773	161	468	2131	5731	9264

TABLE XIX

**Immunisation and Vaccination : Comparative Figures**

	1955	1956	1957	1958	1959	1960	1961	1962
Immunisation, Children under 5 years ... ..	821	855	824	709	994	977	1139	1005
Immunisation, Children 5—14 years ... ..	213	178	212	179	219	95	95	27
Vaccination, Children under 5 years ... ..	221	297	392	454	546	589	730	1402

TABLE XX

**Immunisation against Whooping Cough**

	Age at date of final injection			Total
	Under 1 year	1—4 years	5—14 years	
Health Department ... ..	331	450	22	803
General Practitioners ... ..	76	138	11	225
TOTAL ... ..	407	588	33	1028

TABLE XXI

**Poliomyelitis Vaccination**

Class	Local Authority Clinic	General Practitioners	Total
Children born in 1962 ... ..	70	9	79
Children born in 1961 ... ..	392	239	631
Children born 1943-1960 ... ..	583	275	858
Young persons born 1933-42 ... ..	168	105	273
Persons born before 1933 who have not passed their 40th Birthday ...	230	207	437
Others ... ..	—	—	—
TOTAL ... ..	1443	835	2278
Third Injections ... ..	2785	1687	4472

### Inoculations against Tropical Diseases

Facilities for the protective inoculations recommended to those travelling abroad, which were first made available at the Health Department in January, 1950, have been continued.

In all, 52 inoculations were given, details of which are as follows:

Typhoid and Paratyphoid (T.A.B.)	...	...	...	20
Cholera	...	...	...	28
Tetanus (T.T.)	...	...	...	4

Yellow Fever inoculations are obtained by appointment at the Health Department, Middlesbrough.

### § 6. AMBULANCE SERVICE (Section 27)

This service is administered as an agency on behalf of the Health Committee by the Fire Department. The patients carried and mileage covered during the past 10 years are as follows:

			Number of Patients	Mileage
1953	...	...	23,706	125,265
1954	...	...	26,338	121,269
1955	...	...	29,278	132,921
1956	...	...	28,717	125,495
1957	...	...	29,062	124,492
1958	...	...	28,135	132,558
1959	...	...	27,543	138,036
1960	...	...	29,503	137,558
1961	...	...	30,264	141,457
1962	...	...	31,498	138,023

Public means of transport are recommended where possible but the majority of doctors prefer to issue certificates for their patients to travel by ambulance when it is necessary for them to go to some hospital outside Darlington for special treatment. The question of the possible abuse of the ambulance service remains always under consideration. In the first place this is an amenity for which the local health authority pays, but which is in effect completely controlled by the hospitals and by the general practitioners. In other words, here is an example of he who pays the piper not calling the tune. At various times suggestions have been made that the ambulances should pass to the control of the hospital authorities and logically this would seem a proper step, since they are almost entirely employed in transporting patients to and from hospital and they have nothing to do with preventive medicine and very little with community care and rehabilitation. It might be said in fact that the only service discharged by your ambulances

on your own behalf is the conveyance of crippled patients to the handicraft centre, which must obviously take second place where emergencies of acute sickness or accident supervene. Under the efficient management of the Chief Officer of your Fire Brigade, and thanks to his staffing arrangements, your Health Department is entirely relieved of all administrative responsibility for the ambulance service and here is an example of an agency which your Medical Officer of Health has no desire to see determined.

Your Medical Officer of Health acknowledges that the above paragraphs are identical with those of last year except that the figures have been brought up to date. He does not, however, think that he can comment more aptly than this upon the matter in hand.

## **§ 7. PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

### **(Section 28)**

#### **Diseases of the Chest**

There is nothing to add to what has been written in previous years with regard to the work of the Tuberculosis Care Committee, which has continued to bestow benefits in kind upon persons suffering from diseases of the chest, tuberculous and otherwise. Though the Committee discharges a statutory function of the Health Committee, it still regards itself as a quasi-voluntary body and has not yet seen fit to extend its terms of reference to diseases of the heart, as has the National Chest and Heart Association, formerly the National Association for the Prevention of Tuberculosis. The line of development which your Medical Officer of Health would like to see pursued has already been described and he does not propose to outline it again until the time is ripe to operate it. Once again he would like, as Honorary Secretary, to pay tribute to the meticulous and conscientious work of Mr. I. Burnley, who has continued to act as executive officer for the Committee, and also Mr. A. G. Clarkson, Chief Welfare Officer, who is its Treasurer.

#### **Illness Generally**

A note is to be found in the introductory letter referring to the transfer of the handicraft centre from North Road to new and commodious premises built for that purpose in Yarm Road, and also to the responsibility of the Welfare Committee. There too your Medical Officer of Health has commented upon and expressed his thanks for the excellent work of Mr. D. J. Whalley and Mrs. M. Charlton. In view of these circumstances, however, an analysis of the work carried out is not included here. This might, however, be an apt place to make a remark about the various voluntary organisations with which, ex officio, your Medical Officer of Health is associated, and which fulfil various welfare functions in respect of particular categories of handicapped people. He is thinking particularly of such bodies as the Infantile Paralysis Fellowship and the Darlington Branch of the National Spastics Society, and a somewhat similar group is the Invalid Tricycle Association. An attempt was mooted in recent months for another similar group, to protect the interests of sufferers from muscular dystrophy. All these organisations are undoubtedly motivated by the highest incentives, but it would seem much more effective if they could all be merged, thereby allowing great



economy in administrative establishment and also in publishing, since most of them produce a bulletin or journal, which in these days is no cheap matter. Any establishment, however, soon develops its own vested interests and the idea of such a merger is by no means attractive to the splinter groups themselves, even though their energies might be better conserved and directed thereby.

### § 8. DOMESTIC HELP (Section 29)

Like the home nursing service, with which it is functionally somewhat related, the domestic help section of your department worked with unobtrusive success throughout the year. No new developments are to be recorded and the laundry service to which brief reference was made in the Annual Report for 1961 still remained in abeyance, though in fact no overriding demand for such assistance was received from any quarter. Your Medical Officer of Health still has the built-in conviction that more need exists for home help than comes to light, including a laundry service for the bedfast, night sitters-in, and similar functions. In saying this he would repeat, as in previous years, that no criticism is in the least implied of the Assistant Organiser, who in his opinion should receive the title that is her due of Organiser, with appropriate upward adjustment of salary, since she discharges all her responsibilities to the complete satisfaction of everyone. The real hidden reef in this situation is the need to pay for home help and its ancillaries, and during the year your Medical Officer of Health made some enquiries of other authorities to find how many offered what was in effect a free service, but no report was laid in front of the Committee before the end of the year.

TABLE XXII

Type of Case	1962	1961	1960	1959
	Number of Cases	Number of Cases	Number of Cases	Number of Cases
Maternity (including expectant mothers) ...	49	55	43	28
Tuberculosis ... ..	2	2	6	5
Chronic sick (including aged and infirm) ... ..	513	450	414	368
Others ... ..	35	68	54	64
TOTAL ...	599	575	517	465



## PART IV

**Mental Health**

The further developments of the mental health service upon foundations laid in previous years and which received considerable onward impetus in 1961 have been sufficient in the opinion of your Medical Officer of Health to justify a separate Part of the Annual Report for their description and this in itself is sufficient evidence of the growth in relative importance of this section of your department, which is, of course, a phenomenon observed throughout the country generally and not in Darlington alone. It all meshes in with the new attitude towards mental disease and sub-normality, which seeks to regard it as no different in essential quality from physical disease and just as much to be treated whenever possible in the community rather than in hospital. Modern policy too with regard to hospital provision itself is to make the psychiatric department one among others at the general hospital and, as you will know, future planning at the Darlington Memorial Hospital has this end carefully in mind.

Meanwhile the collaboration between your own officers and the consultant psychiatrists especially with Dr. E. A. Burkitt, the consultant for this area, remains as satisfactory as ever, your own mental welfare officers attend at out-patient clinics and are invited by the consultant psychiatrists to attend lectures and discussion groups at Winterton Mental Hospital.

**Personnel**

Mr. C. W. Price remained as Senior Mental Welfare Officer during the year, carrying out duties which in the opinion of your Medical Officer of Health would fully justify his designation as Chief Mental Welfare Officer, assisted by Mr. S. McAulay and at first by Mrs. B. Meadows, who unfortunately left your service during the summer. Mr. M. Duddin, who had already considerable experience of the administration and clerical side of Winterton Hospital, applied for and was appointed mental welfare officer in the later part of the year, and as the Council had seen fit to accept your recommendation that the establishment should be changed from two mental welfare officers and two assistant mental welfare officers to three mental welfare officers and one assistant, the appointment of the third mental welfare officer was advertised before the end of the year, but the post remained unfilled. Had you been successful in finding a suitable candidate, your establishment would then have been of two male and one female officers in addition to Mr. Price. When this has been achieved you will probably be able to rest content that the needs of the service have been met for the time being, but it is almost impossible to say how far this section of your department may develop when one remembers how the foundations of psychiatric medicine tend to increase, including those whose apparent physical disorder has in fact a psychoneurotic source. It is suggested that the post of assistant mental welfare officer, when filled, should be for someone who is prepared to accept in-service training. Your exceptional good fortune to date in obtaining officers of extremely high calibre without previous training or experience in this speciality is not likely to be repeated and in an epoch overshadowed by the Younghusband Report and its recommendations there will be no alternative but to spend money on training of staff if the standards appropriate for a County Borough are to be maintained.

## Mental Illness

The Tables at the end of Part IV show graphically the amount of work carried out by your officers, though being only quantitative they can convey no true sense of the difficulty and delicacy of the tasks which often confront them. The outstanding event of the year under this heading was the opening of the short-stay hostel at 72 Woodland Road. By this achievement the authority has certainly put itself in the van of progress in this connection and the success achieved during the seven-and-a-half months until the end of 1962 fully justified the time, energy and money spent on the project. The principle behind the hostel was to provide a place whereby patients fit for discharge from hospital could make their transition to normal community life in a protected environment; hence the expression "short-stay" in its title, no resident being expected to remain there indefinitely and preferably leaving after three months. From the hostel the resident goes, of course, to accommodation of his own finding, either to his own home or to lodgings. Officially the hostel was opened by the Mayor, Councillor R. H. Loraine, J.P., on 17th May, but in fact it had been open from 16th April, when 4 convalescent patients were transferred there from Winterton. The subsequent work is summarised in the following Table, which epitomises in graphic form the whole situation. Like other Tables, it does not give anything like a complete picture of the problems involved, of which perhaps the largest single one was staffing. By the end of the year reasonably efficient arrangements had been made, whereby a married couple acted respectively as warden and cook-housekeeper, with a part-time relief warden and relief cook, and domestic assistance. From a narrowly economic point of view such hostels are extremely expensive and might possibly be difficult to justify on a strictly actuarial basis. On the other hand, if the universal principle of medicine be accepted, that to confer benefit upon one's fellow man is an absolute good, no monetary equivalent can be evaluated. You will see from the Table how very successful the service has been in finding employment for residents and the co-operation of Whessoe Ltd. in this respect is most gratefully acknowledged. Other establishments have co-operated well and the service given by the rehabilitated patients appears to justify the efforts made on their behalf. The opportunity must not be missed of expressing again your thanks to the Ministry of Labour and to the Disablement Resettlement Officer, Mr. C. Hugill, in particular for his continuous co-operation and in this respect, of course, the mental health service does not stand in isolation, but co-operates with many others whose frontiers march with or overlap its own.

Patients admitted to hostel (see Table)	...	...	20
Settled in employment ...	...	...	14
Leaving hostel for home ...	...	...	5
Leaving hostel for lodgings ...	...	...	2
Returned to hospital ...	...	...	3
Resident in hostel at 31st December, 1962	...	...	9

(N.B. The total number of patients admitted and total number under heading of "Disposals" is not equal because some patients are shown twice as being found employment and also being discharged to home or lodgings. One patient has also been admitted on two separate occasions).

TABLE XXIII

## Diagnosis and Disposal of Hostel Residents

Diagnosis	Age Group	Varieties of Employment					
		Clerical	Painting and Decorating	Engineering	Local Authority	Chemicals	Building
Simple Schizophrenia ... ..	16—35	—	—	3	2	—	—
	36—50	1	—	1	—	1	—
Paranoid Schizophrenia ... ..	16—35	—	—	1	1	—	—
	36—50	1	—	—	—	—	—
Psychopathic Personality ... ..	16—35	—	1	—	—	—	1
	36—50	—	—	—	—	—	—
Depression (Reactive) ... ..	16—35	—	—	—	1	—	—
	36—50	—	—	—	—	—	—

**Mental Sub-normality**

The Junior Training Centre continued throughout the year at not wholly suitable but, in the circumstances, adequate premises at North Road. Mrs. J. Paxton remained as Supervisor and continued to give the excellent service to which you have for so many years been accustomed. An addition to the staff was Mrs. M. J. Eglington, whose appointment was with effect from 8th January and who soon was at home at the centre. Two problems were very forcibly kept to the fore in 1962, both of them arising from a need to expand. The first was local at the centre itself and will be eased by the transference of the handicraft centre to new premises in Yarm Road. This had not been accomplished before the end of 1962, but the new building was being made ready by the end of the year. The additional two rooms will be a great help in providing for classes for senior girls. The other problem was more fundamental, being the provision of an Adult Training Centre, as promised in the approved proposals under the Mental Health Act, 1949. Fortunately, satisfactory premises for adaptation to this end were acquired during the year, these being the Hopetown Mission in Brinkburn Road. The Methodist Church in Darlington, having no further use for these buildings, was glad to dispose of them to the Corporation, where they would still be used for humanitarian purposes, and the project was rapidly reaching completion by 31st December whereby what will be known as the Hopetown Training and Industrial Centre should be open early in 1963. All that is involved here has also made a great deal of work for your staff, not least in pursuing possible sources of constructive and remunerable employment for the mentally sub-normal men who will attend. Your Medical Officer of Health and the Senior Mental Welfare Officer



had given some preliminary thought to this matter in 1961 before any hope of a centre was in view, and the Darlington Rotary Club, or at least certain members of it, had been interested, though without any firm suggestions arising. Though the next chapter of the story belongs properly to the succeeding year, it can be said that, like the hostel, the Hopetown Training and Industrial Centre has opened to a good start.

Another project pursued during 1962, but without success to date, was to find another hostel for the mentally sub-normal. The need for this is indeed a growing one, as the younger sub-normal reach adult age and may perhaps become unmanageable at home. Various houses were looked at, but none seemed satisfactory to the purpose for one reason or another. Your Medical Officer of Health, however churlish it may seem in certain quarters, cannot refrain from expressing once more his regret at local hospital policy, which will deprive you of the use of 68/70 Woodland Road in the near future and of 72 Woodland Road at some later date. If these two buildings could have remained in your possession it would have been possible to administer them both as hostels under the Mental Health Act with far greater economy of staff and much easier administration than separate establishments in different parts of the town, and he cannot help feeling that it is a great pity in this context that the Ministry of Health has consented, so to speak, to the robbing of Peter to pay Paul.

Lastly, he cannot conclude without a word of tribute to the Darlington Branch of Friends of Mentally Handicapped Children, whose enthusiastic interest in all that concerns the Junior Training Centre has continued as active as ever. Many indeed are the amenities which these good people have provided at their own cost and presented to you for the good of the centre, and there is every reason, I believe, that the same beneficence will continue where the Hopetown Training and Industrial Centre is concerned. The group found some fault during the year with the poor state of the painting and decoration at the Junior Training Centre and money was included in the estimates to remedy these faults. Still further works could be undertaken there if some security of tenure could be given to the local authority. Your Medical Officer of Health is aware that as a long-term policy the land will be needed by St. Thomas Aquinas Church, but meanwhile he hopes that satisfactory arrangements may be made so that the centre may show still further upgrading.

### **"A"—Mental Illness**

#### **Patients referred for Community Care**

	Under 65		Over 65		Totals
	M.	F.	M.	F.	
Referred following I/P Treatment ... ..	50	47	4	4	105
Referred following O/P Treatment ... ..	10	23	4	1	38
Referred by G.P. ... ..	11	11	5	1	28
Referred by other sources ... ..	28	37	6	4	75
<b>Total cases referred ... ..</b>	<b>99</b>	<b>118</b>	<b>19</b>	<b>10</b>	<b>246</b>

Of those referred numbers who were:

Old Cases	...	...	...	...	...	...	47	56	12	6	121
New Cases	...	...	...	...	...	...	52	62	7	4	125
TOTAL							99	118	19	10	246
Returned to Employment	...	...	...	...	...	...	64	17	—	—	81
Total Cases under Care at 31st December, 1962							63	79	7	1	150

#### Incidence of cases reported to the Department for Investigation during 1962

Source of referral	M	F	Total
Family doctor	86	105	191
Consultant Psychiatrist	18	7	25
Memorial Hospital	11	15	26
Magistrates Courts	4	—	4
Police	16	2	18
Other sources (Probation Officer, N.A.B., Salvation Army Hostel, etc.)	14	12	26
TOTALS	149	141	290

#### Disposal of cases reported during 1962

Admitted to hospital informally	76	73	149
Admitted to hospital under Observation Certificate	7	15	22
Admitted to hospital under Treatment Certificate	2	4	6
Admitted to hospital under Urgency Certificate	17	17	34
Referred for domiciliary visit by Psychiatrist	—	—	—
Referred to Psychiatric Clinic	21	20	41
Supervision at home by G.P. and M.W.O.	16	12	28
Placed under Guardianship of L.H.A.	1	—	1
Other disposals (Salvation Army Hostel, etc.)	9	—	9
TOTALS	149	141	290



**“B”—Sub-Normality**

Particulars of cases reported during 1962

Source of referral:	Under 16 yrs.		Over 16 yrs.		Total
	M	F	M	F	
Local Education Authority on children reported :					
(a) While at school or liable to attend school ...	3	7	—	—	10
(b) On leaving special schools ... ..	1	—	3	4	8
(c) On leaving ordinary schools ... ..	—	1	—	—	1
Transfer in from other local authorities ... ..	1	1	1	—	3
Hospitals—following discharge ... ..	—	—	4	1	5
Magistrates Courts ... ..	—	—	—	—	—
Police ... ..	—	—	1	—	1
Other Sources (N.A.B., Probation Officer, etc.) ...	—	—	—	—	—
TOTALS ...	5	9	9	5	28

**Disposal of cases reported**

Admitted to Junior Training Centre ... ..	3	6	—	—	9
Placed under Guardianship of L.H.A. ... ..	—	—	—	—	—
Placed in employment ... ..	1	—	2	3	6
Admitted to Hospital ... ..	—	—	1	—	1
Admitted to Hostel ... ..	—	—	—	—	—
Remaining at home under supervision ... ..	1	3	6	2	12
Total cases referred for supervision by M.W.O. ...	5	9	9	5	28

Patients admitted to Hospital during the period:	Under 16 yrs. Over 16 yrs.				Total
	M	F	M	F	
Informally (Sec.5, M.H.A. 1959) ... ..	—	—	6	3	9
Observation Certificate (Sec.25, M.H.A. 1959) ...	—	—	—	—	—
Treatment Certificate (Sec.26, M.H.A. 1959) ...	—	—	2	—	2
Urgency Certificate (Sec.29, M.H.A. 1959) ...	1	—	—	—	1
Temporary (Circular M.O.H. 5/52) ... ..	1	3	1	1	6
TOTALS ... ..	2	3	9	4	18
Patients awaiting vacancies in Hospital ... ..	1	1	—	—	2

Patients in the community who are:

(a) Attending Junior Training Centre ... ..	15	16	—	—	31
(b) Attending Adult Training Centre ... ..	—	—	10	13	23
TOTALS ... ..	15	16	10	13	54
Patients in the community for whom suitable employment has been found ... ..	1	—	64	25	89

Total cases under supervision at end of period

In the community ... ..	17	21	109	76	223
Under Guardianship ... ..	—	—	—	—	—
In hospitals (including patients on leave) ...	16	7	54	40	117
TOTALS ... ..	33	28	163	116	340

## PART V

**National Assistance Act, 1948 (Part III)**

The association between the Health and Welfare Departments of the Corporation remains close and friendly, your Medical Officer of Health acting as medical adviser to the Welfare Committee and your Assistant Medical Officer of Health, Dr. J. F. Bishop, attending its meetings. One of the important spheres where such co-operation expresses itself in practical action is in respect of a medical opinion concerning new admissions to Part III accommodation. Theoretically, of course, medical considerations are not involved in this matter, except perhaps to exclude from welfare accommodation patients whose needs are severe enough to require hospital treatment. On the other hand, where demand for accommodation is likely to be in excess of its availability, a medical contribution to the total sociological assessment of each case is to be welcomed as an additional insurance that the most needy shall have the highest priority. During the year ending 31st December, 1962, your Assistant Medical Officer of Health made recommendations in support of 21 admissions, Dr. D. P. Degenhardt, Consultant Physician, in 13 cases, and the applicants' own doctors in 77 cases.

Another function of the welfare services in which the Health Department retains a special interest is the community care of the blind. The following statistics reflected the situation in 1962.

TABLE XXIV

**Age Distribution of Blind Persons in Darlington**

	Under 16	16—29	30—49	50—64	65—69	Over 70	TOTAL
Men ... ..	3	1	4	18	9	18	53
Women ... ..	2	3	4	10	10	52	81
TOTAL ... ..	5	4	8	28	19	70	134

Number of blind persons normally resident in Darlington  
(not of school age) undergoing training away from home Nil

Number of persons employed—

(a) in Workshops for the Blind ... ..	2
(b) Home Workers... ..	1
(c) Open employment ... ..	5

**Handicraft Centre**

The administration of the Handicraft Centre for disabled persons was transferred from the Health to the Welfare Department as from 1st April, 1962. The Centre remained in its old premises in North Road up to the end of 1962, though at that time the removal to new accommodation in Yarm Road appeared imminent and in fact took place early in 1963. The average daily attendance during 1962 was 21.7.

## PART VI

# Growing Points

## § 1. HEALTH EDUCATION

The pursuit of health education is carried out through several different channels and one of the major tasks of a health visitor is to exercise influence in precisely this direction. Thus health visitors have pursued during 1962, and particularly since the speech of the Minister of Health at the Annual Luncheon of the Royal Society of Health, the object of more widespread vaccination and immunisation to which reference is also made under the appropriate heading, page 35. Much of public relations in this context goes towards advertising the work of the Health Department and to that end your staff have given, as in previous years, talks and led discussions among a large number of different groups, which are listed below. The number here was slightly smaller than in previous years and this may have been because, with one exception, there was no subject of special urgency for propaganda by this means. The one exception, of course, is the problem of smoking, particularly of cigarettes, to which the only bulletin issued during the year was devoted. It will be noticed that the date of this bulletin was 14th March, but no demand followed it for talks on the subject to any of the groups, which suggests that up to the present no effective way of dissuading the public from a well established habit of cigarette smoking, or indeed from acquiring it, has yet been devised. A very significant remark was made by the headmistress of a large secondary modern school at a conference not included in the list, where, by the courtesy of the Chief Education Officer, your Medical Officer of Health and his Deputy met the head teachers of senior schools, partly to discuss with them a change in policy with regard to B.C.G. vaccination, making it available at a younger age, and partly to hear and impart views on smoking. This lady stated that none of her girls could imagine being 45 years old and hence threats of dire consequences in middle age fell upon unheeding hearers. This idea, though seemingly odd to those who have passed such a climacteric, is by no means uncommon in youth and in our time we have all suffered from it. Thus, the adverse effects of cigarette smoking must be made immediate and real rather than ominously remote, and success would seem to depend upon the creation of a different fashion of behaviour. The same, of course, is equally true in respect of the shape of shoes and other fashions of clothing. We rightly condemn some of the fashions of the nineteenth century which involved excessive constriction of the waist, but are we any more sensible in our own generation?

### Talks and Lectures

Date	Association			Subject	Speaker
Jan. 8	Round Table	...	...	The Work of the Public Health Inspector	Mr. Ward
Jan. 17	Civil Defence	...	...	Food Hygiene	Mr. Ward
Jan. 17	Haughton Young Wives	...	...	The Mentally Handicapped in the Community	Mr. Price
Jan. 31	Coniscliffe Road side	Methodist	Fire-side	Virus Infections	Dr. Walker



Date	Association	Subject	Speaker
Mar. 21	Civil Defence ... ..	First Aid ... ..	Miss Winch
Mar. 28	Civil Defence ... ..	Infection ... ..	Miss Winch
Apr. 11	Albert Road Sisterhood ... ..	Mental Health ... ..	Mr. Price
Apr. 12	Blackwell Young Wives ... ..	The Mentally Handicap- ped in the Community	Mr. Price
May 15	North Road Girls' P.T.A. ... ..	Health and Problems of the Teenage Girl ... ..	Dr. Walker
May 16	Borough Surveyors' Group ... ..	The Mental Health Act, 1959 ... ..	Mr. Price
May 29	Nursery Schools Association ... ..	Children in Hospital ... ..	Dr. Markham
July 4	Cockerton Women's Co-operative Guild ... ..	Health of Young Children	Dr. Markham
July 31	Student Teachers ... ..	Community Care of the Mentally Disordered ... ..	Mr. Price
Oct. 3	Darlington Ladies Circle ... ..	Children in Hospital ... ..	Dr. Markham
Oct. 3	Albert Road Methodists ... ..	Mental Health and the Mental Health Services	Mr. Price
Oct. 12	Darlington Rotary Club ... ..	On the Other Side of the Smoke ... ..	Dr. Walker
Oct. 29	North Road Wesley Guild ... ..	The Work of the Public Health Inspector ... ..	Mr. Ward
Nov. 8	Harrowgate Hill Primary School P.T.A. ... ..	Management of Sick Children ... ..	Dr. Markham
Nov. 26	North Road Wesley Guild ... ..	The Mentally Handicap- ped in the Community	Mr. Price
Nov. 27	North Road Primary School P.T.A. ... ..	The Mentally Handicap- ped in the Community	Mr. Price
Dec. 4	Girls' High School P.T.A. ... ..	Health in Adolescence ... ..	Dr. Markham

### Bulletins

No. 43. March 14 Smoking and Health.

### § 2. GERIATRICS

Dr. D. P. Degenhardt was appointed Consultant Physician with a special interest in geriatrics to the Darlington Hospital Group with effect from 1st April, 1962, and from that time may be dated a more intensive phase of co-operation between the Health Department and hospital services. In the present pattern of medical practice it is, of course, extremely difficult to say where general medicine ends and geriatric medicine begins, since, owing to the effective and increasing control of infectious disorders of all kinds, illness tends more and more to become of a degenerative nature or the end result of faulty habits, as of diet or smoking, and shows itself in the later decades of life. Geriatric illnesses may, therefore, be classified as those conditions of long standing which permit of relief rather than of cure, of which old age itself, with its inevitable consequences of wear and tear, may be counted as one and where the frontier between medicine properly so called and sociology is fluid. During the first nine months since Dr. Degenhardt's appointment as Physician not much more has been done than to consolidate previous gains and to decide what next should be attempted. Your Superintendent Health Visitor, Miss E. Winch, has continued to visit patients recommended for hospital to assess their medico-social situation and a weekly conference has been established between herself, Dr. Degenhardt and Dr. R. Sutcliffe, who has also been appointed as Senior Hospital Medical Officer with special reference to geriatrics, but whose sphere of influence is centered more at the Friarage Hospital, Northallerton, than at Darlington. At these conferences informal discussion takes place about outstanding cases and Miss Winch has begun to



extend her visits to homes whence patients are already in hospital in order to secure if possible their place at the hearth for a return in due course.

It is a generally agreed principal of geriatric practice that patients going into hospital should regard their sojourn there as a temporary state as much at 80 as at 18, but often, once an older person is out of his house, lodgings or family circle, a place is no longer maintained for him. Unfortunately, your small establishment of health visitors, depleted by two unreplaced losses during the year, does not allow sufficient time for Miss Winch or for anyone else to carry out this duty to its potential extent and your Medical Officer of Health wonders whether it would be worth while to advertise for a specialist health visitor in geriatrics who would devote most or all of her time to the subject, in just the same manner as your health visitor Miss Thornton was originally appointed for the care of the tuberculous and still spends a good deal of her time with their concerns. Although the Tables which follow are sufficient evidence of the amount of work carried out by Miss Winch under this heading, they do not show by any means the whole of it, since most of the visits arising from the informal discussions above described are not recorded in them. At the end of the year your Medical Officer of Health was considering a punch card record system, to condense on one card essential information both in respect of geriatric visiting as here described, and the pensioners' bungalow enquiry, page 56.

Turning to the Tables, your attention is requested to Table XXV with its analysis of disorders encountered among patients awaiting admission to hospital. As you will see, 152 cases were investigated, as in previous years more of them female than male. Again, too, as in previous years, senility was the largest single cause of illness; though it was run very closely by diseases of the blood vessels, of which cerebral accidents of various kinds (strokes) formed the largest example. An explanatory note is offered in respect of Table XXVII. The deleted item "Hospital priority recommended" which may be taken as positive in the majority of cases has been replaced by "Hospital or Part III accommodation wanted as a temporary relief". This accentuates a point made in the notes under this section in the Annual Report for 1961, where it was indicated that the availability of holiday relief would allow many more younger people to accept responsibility for an aged parent or other relative, their being assured of their own holiday when for a period they would be quite free of their voluntarily accepted responsibility. In all 11 cases of this kind were described and no doubt their number will increase as facilities develop; the end in view being, of course, to keep as many as possible of our aged citizens out of hospital or institutions. On looking through the record sheets one is interested and impressed to see how often a relative or neighbour calls upon those who live alone to assist them with shopping and housework and this, since the majority of older people prefer to maintain their independence, is something that should be fostered. Also in looking through the records, it is apparent how often a new emergency accounts for a breakdown of what had previously been a stable situation. Once again a comment seems necessary on the relatively small use made of district nursing, and even smaller use of home help. In the latter case, of course, the need to pay even at a nominal rate may be a strong adverse factor and your Medical Officer of Health has the material for a report on this subject which, however, he has not found opportunity to present during 1962. Since the appointment of Dr. Degenhardt and the introduction of a new form of record, it has been possible to extract information relating

to sight and hearing, and it is interesting, and perhaps tragic, to note that out of 93 observations, in 48 sight was impaired and in 42 hearing, in many cases both senses being noted as deteriorating. At the same time you will note from Table XXVI that over 40% of the patients concerned were over 80 years of age and at that period of life it is exceptional to find any senses fully efficient, though of course there are many distinguished exceptions.

TABLE XXV

	Male	Female	Total
Diseases of blood vessels (including cerebral vascular accidents) ... ..	17	24	41
Myocardial degeneration ... ..	4	13	17
Chronic lung diseases ... ..	7	3	10
Chronic nervous diseases ... ..	3	4	7
Cancer, all sites ... ..	5	3	8
Diabetes ... ..	1	3	4
Senility, including Senile Dementia ... ..	13	29	42
All other medical conditions, including acute illnesses	3	1	4
Undefined and Non-medical conditions ... ..	1	5	6
Chronic Arthritis Deformans ... ..	—	5	5
Surgical Conditions, including Fractures ... ..	2	6	8
Total cases investigated ... ..	56	96	152

TABLE XXVI

## Age and Sex Distribution

	Under 60		60—70		70—80		80 +	
	Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent
Men (56 patients) ...	4	7.2	5	8.9	28	50.0	19	33.9
Women (96 patients)...	3	3.2	14	14.5	37	38.5	42	43.8
Total persons (152 patients) ...	7	4.6	19	12.5	65	42.8	61	40.1

TABLE XXVII

	Male	Female	Total
Care adequate but cannot be maintained ... ..	26	40	66
Care adequate except for nursing ability ... ..	2	5	7
Care generally inadequate ... ..	24	46	70
Hospital admission not necessary ... ..	4	5	9
Looked after by: Spouse... ..	23	20	43
Daughter or Daughter-in-law ...	21	30	51
Other Relatives ... ..	5	28	33
Neighbours, non-relatives, Rest Home or self ... ..	7	18	25
Suitable for Part III accommodation ... ..	4	5	9
Part III or Hospital as temporary relief ... ..	6	15	21
District nurse in attendance ... ..	13	27	40
Home help in attendance ... ..	5	14	19

TABLE XXVIII

	Men	Women	Total
Married ... ..	23	19	42
Widowed or separated ...	27	60	87
Single ... ..	3	12	15
Not stated ... ..	3	5	8
<b>TOTAL</b> ...	<b>56</b>	<b>96</b>	<b>152</b>

### § 3. ACCIDENTS IN THE HOME

The number of accidents reported upon in detail must as usual have been very much fewer than the total number occurring. Various reasons may contribute to this, of which one must be the number of incidents brought to the notice of individual health visitors; thus, among the 11 accidents reported upon in detail, one health visitor accounted for 7. Another factor which received a good deal of comment in the Annual Report for 1961 relates to availability of information from the hospitals. One would like a note, perhaps in the form of a copy of the letter of consultant to Health Service practitioner,

on each case of accident to a child of sufficient severity to entail admission to hospital, or a consultant's opinion in out-patients or casualty, and in fact the medical staff of the Darlington Hospital Group is quite prepared to supply such information in the form described, but up to date of writing no concession has been made by the general practitioners of the town, whose representative bodies are perhaps strongly influenced by a few unco-operative individuals. One may hope, however, that a constant dropping may in due course wear away the rock.

Of the 11 accidents reported, most of them were trivial and are subject to the following analysis.

### Age and Sex Distribution

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Under 1 year	...	...	3	—	3
1 to 2 years	...	...	3	1	4
2 to 5 years	...	...	3	1	4

### Nature of Injuries

Burns and Scalds	...	...	...	...	4
Head injuries (not fractures)	...	...	...	...	3
Fractures	...	...	...	...	2
Electric shock	...	...	...	...	1
Poisoning by aspirin	...	...	...	...	1

### Preventable Factors

Lack of parental care	...	...	...	...	5
No definable factor	...	...	...	...	5
Child mentally backward	...	...	...	...	1

Homes were described as good in 3 instances and as unsatisfactory in only one, which confers the common observation that accidents are liable to occur even when reasonable precautions have been taken. This, however, does not mean to suggest that such precautions are useless, but rather that an irreducible minimum is in due course reached, the existence of which is perpetuated by the conditions of the world in which we live.



## PART VII

**Other Services****§ 1. HOUSING****General**

There continues to be a steady but small stream of persons who for one reason or another seek the assistance of the Health Department towards speedier rehousing than would be their lot if they awaited their turn under the Corporation scheme. Often these are young married couples who have failed to appreciate all that was involved when they incurred their new status and have found that life with in-laws is far less rosy in practice than it might have appeared in anticipation. Often it is very difficult to invoke any medical grounds for priority in such cases, though the district public health inspector in most instances makes a visit and submits a report to your Medical Officer of Health. Occasionally genuine need arises and such cases are brought to the sub-committee of the Housing Committee allocated to deal with them and sympathetic treatment can always be expected because your Medical Officer of Health is very careful only to bring to the Committee examples of real hardship, where for one reason or another health is in jeopardy.

**Pensioners' Bungalow Enquiry**

At the present time work carried out in connection with the applications of pensioners for bungalows or ground-floor flats constitutes the most important medico-social enquiry undertaken by the Health Department and your Medical Officer of Health deals with it personally, partly on account of its intrinsic importance and partly because he regards his own access to the homes of the people as an important element in his duty of scrutinising the conditions of life and health among the people of Darlington. A routine approach has now been established in this matter, whereby the Housing Department supplies quarter by quarter a list of applicants of one years' standing on the waiting list, a year of waiting being normally required from all before their case becomes eligible for consideration. During the three months following the receipt of this list your Medical Officer of Health arranges to visit those named on it, advising them by letter beforehand when to expect him. At his visits he makes an assessment of their medical and general needs, marking each up to what has proved in practice to be a maximum of 3. The medical mark is assessed on strictly measurable disabilities, but the general mark takes into account as far as it can be estimated the adjustment of the applicants to their situation and whether or not rehousing into a bungalow or flat is likely to improve their situation. It has to

be admitted that for some applicants "to travel hopefully is better than to arrive". These are quite reasonably adjusted even if somewhat handicapped, and while they may look forward in hope to rehousing, in fact such a dislocation of their lives would be unlikely to help them. In addition to awarding a mark, the household is assessed as to standard of housekeeping and as to whether relations, particularly sons and daughters are in touch, and also a written recommendation is made, for rehousing with priority, for rehousing without that qualification, for retention on the list without urgency and for postponement. Whereas those recommended for priority may quite certainly expect to be rehoused in the not far distant future, as can a proportion of those simply recommended, the rest are unlikely ever to be rehoused unless a change for the worse takes place in their circumstances and a reassessment is made. It will be appreciated that this fact imposes a somewhat invidious task upon your Medical Officer of Health, who becomes in effect the arbiter of which citizens shall and which shall not be rehoused. However, such a responsibility must necessarily be accepted by someone and to make the medico-social factor the crucial one would seem as fair as any other method.

During 1962, 136 applicants were named by the Housing Department and 113 were effectively contacted, the balance having left the town, died or otherwise ceased to be interested. The findings are summarised as follows:

TABLE XXIX

		Priority	Recommended	Retain without urgency	May be postponed	Total number investigated	Total number named
Couples living in rooms ...	...	1	-	-	-	1	2
One person living in rooms	...	2	7	5	2	16	22
Couples tenants of houses	...	2	9	8	2	21	25
One person tenant of house	...	1	8	17	8	34	42
Couples owner-occupiers	...	1	3	10	-	14	16
One person owner-occupier	...	-	2	6	2	10	14
Tenants of Council houses	...	1	3	6	2	12	15
Seen out of turn, etc. ...	...	2	3	2	3	10	-
TOTAL	...	10	35	54	19	118	136

The final marking was as follows:

Ungraded or awarded no marks	...	...	6
Awarded $\frac{1}{2}$ mark	...	...	12
Awarded 1 mark	...	...	23
Awarded $1\frac{1}{2}$ marks	...	...	31
Awarded 2 marks	...	...	34
Awarded 3 marks	...	...	12
Awarded over 3 marks	...	...	0

Adjustment was assessed as follows:

Content	...	...	39
Adjustment fair	...	...	52
Overall unhappy	...	...	18
Miserable	...	...	9

House-keeping thus:

House-proud	...	...	10
Good standard	...	...	54
Adequate standard	...	...	39
Sub-standard	...	...	4
Ungraded	...	...	11

The age distribution was as follows:

60-69 years	...	...	15 men	64 women
70-79 years	...	...	24 men	47 women
Over 80 years	...	...	4 men	5 women

Civic state:

Married couples	...	...	41
Widowed men	...	...	2
Widowed women	...	...	63
Separated or divorced women	...	...	3
Single women	...	...	9

The circumstances of the 10 cases awarded priority were as follows:

- (B) An unhappy couple living in rooms, the man with chronic dyspepsia and his wife suffering from a neurosis aggravated by their general misery.
- (D) A man of 88 semi-paralysed in his lower limbs whose wife, 15 years younger, is lame, somewhat deafened and with defective vision.
- (G.1) The man suffers from bronchitis and asthma and his wife from angina.
- (G.2) A couple in a damp house, the man suffering from bronchitis and his wife with a defective heart.
- (H) A couple both in their 80's, the wife deafened, with a weak heart and gynaecological complications. Inconvenient closet accommodation.
- (M) A widow of 81 suffering from acute anxiety on account of neighbour trouble.
- (P) A lonely divorced woman in an inconvenient flat suffering from arthritis and cardiac weakness.

- (T.1) A man suffering from a deformity and his wife a chair-bound cardiac invalid.
- (T.2) A spinster living in inconvenient lodgings and suffering from angina and Parkinsonism.
- (W) A widow living in inconvenient house and exhausted by the death of her husband and a severe recent operation.

In 1962, 34 cases previously recommended were rehoused. The total to 31st December, 1962, to be rehoused since the enquiry began was 63

### The Dynamics of Old Age

Quite a number of re-visits were made in 1962 to applicants previously investigated. This was on account of requests from them for re-assessment and some were seen again for the second or third time, though it has not been thought necessary to indicate this fact in the following analysis:

	Mark unchanged	Mark increased	Mark diminished
First seen in 1959     ...     ...     ...	3	3	1
First seen in 1960     ...     ...     ...	5	5	—
First seen in 1961     ...     ...     ...	2	2	—
First seen in 1962     ...     ...     ...	—	2	—

Among these re-visited applicants, three priorities were awarded:

- (M.1) An unhappy and lonely widow suffering from bronchitis and fibrositis.
- (M.2) A widow indecently assaulted in her old home and no longer willing to live there.
- (P) A widow suffering from heart failure.

### Slum Clearance

As noted in last year's Annual Report, the major part of the original five-year slum clearance project has now been carried out and during 1962 the ministerial enquiry into the Fry Street Area was undertaken and approval for clearance given. This leaves some further small areas for consideration in 1963, but it must not be assumed that no further problems in respect of inferior houses remained to be dealt with in the future. For obvious reasons finality can never be reached where housing is concerned, since building fabrics are themselves subject to wear and tear and also there are changing fashions and standards of what constitutes a desirable house. A good deal of property in Darlington may be regarded as somewhat borderline, which to date is not to be regarded as unfit for human habitation, nor likely in the near future to become so. The Council might care to consider the possibility of acquiring property of this kind and upgrading it, since it is clearly disadvantageous to demolish houses unless there is no possible way of improving them and the claims of tenants from clearance areas upon the new Corporation



housing estates are very considerable. Your Medical Officer of Health would like to draw attention to the advantage of maintaining a town within as small an area as possible, since unlimited peripheral spread leads to a loss of civic sense and the policy so extensively adopted in other urban areas of tall flats built on clearance areas might be worthy of careful consideration where Darlington is concerned.

## § 2. METEOROLOGY AND ATMOSPHERIC POLLUTION

During the year, observations continued to be taken and the following report summarises them; it was submitted by the Chief Public Health Inspector, with whose section of the department responsibility rests for this matter, but seems appropriate for inclusion along with the summary of meteorological observations which have for many years constituted a regular feature of the Annual Report.

TABLE XXX  
SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1962  
Taken Daily at the South Park

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (.01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January	30.30	27.85	50	18	1.60	.26	10	16
February	30.65	28.95	55	26	1.03	.19	26	14
March ...	30.10	28.60	53	19	0.65	.12	5 & 8	14
April ...	30.40	28.45	72	31	1.85	.47	21	12
May ...	30.10	29.00	70	31	1.86	.61	18	14
June ...	30.45	29.25	86	32	0.75	.19	12, 15 & 30	10
July ...	30.05	29.15	79	44	1.83	1.07	10	7
August...	30.10	29.20	73	39	2.23	.40	6	15
September	30.10	28.90	75	38	2.54	.62	29	16
October	30.25	29.10	67	29	0.43	.20	29	6
November	30.45	29.00	58	20	2.42	1.04	17	14
December	30.60	29.05	53	9	1.78	.46	26	14
Totals ...	—	—	—	—	18.97	—	—	152
Averages	—	—	—	—	1.58	—	—	13

### Atmospheric Pollution

Regular meetings of the Tees-side Clean Air Committee of Local Authorities have taken place at different venues within the area, and much practical benefit has been derived from discussions of the numerous problems associated with air pollution.

The Technical Sub-Committee, of which your Chief Public Health Inspector is a member, furnished a report showing that 16 authorities on Tees-side are co-operating in collating information in connection with deposits in the area, and for that purpose 59 Deposit Gauges, 15 Lead Peroxide Instruments and 20 Volumetric Smoke and SO<sub>2</sub> apparatus are in use.

The Public Health Inspectors are alerted to the problem of factory chimneys, etc. and whenever complaints are received or offences discovered, visits are made to the premises concerned and advice given.

The following major improvements were carried out within the Darlington County Borough during the year:—

- (1) Producer gas-fired open hearth furnace converted to oil-firing.
- (2) Coal-fired heating boilers converted to oil-fired.
- (3) Jib crane converted from coal-fired vertical boiler to diesel drive.
- (4) Negotiations with the National Coal Board resulted in higher quality fuel being supplied to a laundry and this, together with repairs to the grit arrester, minimised grit emission from the chimney.

#### New Furnaces

Number of notices received of proposal to instal 7

Number installed after prior approval ... 4

The average deposit in tons per square mile per month is as follows :—

<i>Insoluble Matter</i>		<i>Tees-side Area</i>	<i>Darlington County Borough</i>
Industrial	...	21.82	7.25
Semi-Industrial	...	10.90	4.19
Residential	...	6.08	4.07
<i>Ferric Oxide</i>			
Industrial	...	3.06	0.98
Semi-Industrial	...	1.40	0.38
Residential	...	1.00	0.25

During the year, Volumetric Smoke Apparatus has been installed at Gladstone Street School and at the Public Health Inspectors' office in 42 Victoria Road (temporary).

This apparatus has not been installed for a sufficient length of time to provide any useful information.

TABLE XXXI

Results of Deposited Insoluble Matter from Gauges in Tons per Square Mile per Month

Month	E. D. Walker Homes	Harrowgate Hill	Albert Hill	Memorial Hospital	Average
January ...	2.34	4.13	9.04	3.31	4.70
February ...	3.27	3.13	13.10	4.14	5.91
March ...	3.88	4.08	7.89	5.53	5.34
April ...	3.44	3.79	8.35	5.21	5.19
May ...	4.96	7.54	8.91	9.94	7.84
June ...	3.11	3.29	6.52	11.71	6.16
July ...	3.23	5.20	5.43	5.45	4.83
August ...	2.20	2.95	5.80	3.17	3.53
September ...	4.70	4.53	4.43	4.67	4.58
October ...	2.99	3.69	4.33	2.06	3.27
November ...	2.18	2.98	5.30	2.70	3.29
December ...	1.41	4.94	7.94	2.23	4.13
Monthly Average	3.14	4.19	7.25	5.01	4.90
Monthly Average for previous 5 years	3.21	4.77	7.91	6.18	5.52

TABLE XXXII

Results of Deposited Ferric Oxide from Gauges in Tons per Square Mile per Month

Month	E. D. Walker Homes	Harrowgate Hill	Albert Hill	Memorial Hospital	Average
January ... ..	—	—	—	—	—
February ... ..	—	—	—	—	—
March ... ..	0.27	0.30	0.91	0.52	0.50
April ... ..	—	—	—	—	—
May ... ..	—	—	—	—	—
June ... ..	0.18	0.23	1.58	0.59	0.64
July ... ..	—	—	—	—	—
August ... ..	—	—	—	—	—
September ... ..	0.28	0.44	0.87	0.27	0.47
October ... ..	0.22	0.47	0.59	0.25	0.38
November ... ..	0.12	0.22	0.79	0.13	0.31
December ... ..	0.09	0.60	1.15	0.18	0.51
Monthly Average	0.19	0.38	0.98	0.32	0.47
Monthly Average for previous 5 years	0.26	0.57	1.52	0.52	0.72

The average deposit in milligrams of SO<sub>3</sub> per 100 square centimetres per day was 1.16.

### Wind Records of the Year (Tees-side Area)

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	12.2	7.4	4.0	3.0	18.1	28.4	16.0	7.1	3.0	0.8

### § 3. LABORATORY SERVICE

A good deal of work in the department is carried out by the Public Health Laboratory at Northallerton and the same use was made of it as in previous years. The personal interest taken by Dr. D. J. H. Payne, the Director of the Laboratory, and Dr. P. N. Coleman, must be acknowledged gratefully, as on previous occasions.

One important piece of research carried out on a national basis and entrusted to the Public Health Laboratory Service for local implementation has been in connection with virus diseases during pregnancy. As you will know, a specimen of blood is normally taken as a routine from every expectant mother to ascertain whether she is anaemic, her blood group and, especially in the case of a first pregnancy, her Rhesus factor. This blood would also show agglutinations to viruses had the mother suffered recently from infection by them and the object of the research was to examine every child born to a mother from whom a specimen of blood serum remained in store, when he or she had attained the age of a year old, in order to discover whether any



congenital defects were apparent. In the event of such defects, e.g., hare lip, or deafness, being found a check would be made upon the corresponding maternal blood against common viruses and if positive agglutinations were found in a substantial proportion of such cases evidence of damage by virus infection during pregnancy would be materially increased. This is a valuable but complex piece of research, which could only show findings of value from a very large number of individual investigations, but your department co-operated with the Laboratory and a very large number of children at or about one year old were submitted to a more than usually rigorous examination in accordance with the request made by the Director of the Laboratory and the appropriate forms were completed. Your Deputy Medical Officer of Health, who has had considerable paediatric experience, acted as a collator of the forms for Darlington.

Mr. W. G. Carey continued to act as Public Analyst and to carry out chemical examinations as required.

#### § 4. MEDICAL EXAMINATIONS

The value of a medical examination of an entrant to Corporation service, whether superannuated or otherwise, may be quite considerable from the point of view of collecting statistical evidence of, for instance, the presence of glycosuria (indicating incipient diabetes) in the population and it may equally be of value to the examinee as bringing to light some defect which he might take steps to remedy. Its value from the point of view of the Corporation is almost negligible since no-one can predict the health of a patient in a year's or even six months' time, from an examination carried out today, and all that can actually be said is that this person is at this moment fit as far as can be ascertained for the post to which he is to be appointed. A person so found fit is likely on actuarial grounds to retain his post effectively for a good many years, but, though this is statistically true, where large numbers are evaluated it is not particularly true for individual persons. Another point to be considered is whether the local authority has the power to refuse appointment to a person ostensibly fit at the time though showing evidence of potential later illness, such as high blood pressure or glycosuria. Again, where the examination of employees who have been absent through illness is carried out in certain cases, it may be valuable to have a confirmatory opinion from your own medical officer that the employee is now fit again, but for the most part the practitioner's certificate to that effect should surely be accepted as sufficient as he must know far more about the patient than your own Medical Officer. Where a discrepancy between your Medical Officer's opinion and that of a practitioner is found, you may be sure your own officer would, of course, take up the matter with his colleague to see if the divergent views could be harmonious before making a final decision. The upshot of these considerations is to wonder whether more time is given to the medical examination of staff than in fact the circumstances warrant and if the local authority were anxious to have an opinion equivalent to that required by a life insurance company they should be prepared to pay for it from a physician who was not their employee and in no way committed to them. Your Medical Officer of Health does not, of course, regard this as a matter of conscience, but rather as a matter of common sense, and the work carried out in medical examination of Corporation staff during the year is shown in the following Table.



TABLE XXXIII

## Medical Examinations of Corporation Staff

DEPARTMENT	Sup'ation		Sick Pay		Periodicals, etc.		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	
Architect's ...	1	...	...	...	4	1	5	1	6
Civil Defence ...	...	...	...	...	1	...	1	...	1
Education ...	8	2	...	19	41	62	49	83	132
Fire ...	...	...	2	...	9	...	11	...	11
Health ...	1	1	...	5	3	11	4	17	21
Library and Museum ...	...	1	...	1	...	5	...	7	7
Markets ...	1	...	...	...	...	...	1	...	1
Parks, Cemeteries and Baths ...	7	...	13	...	6	2	26	2	28
District Nurses ...	...	...	...	...	...	...	...	...	...
Surveyor's (incl. Water)	21	1	53	...	11	...	85	1	86
Town Clerk's ...	...	...	...	...	1	2	1	2	3
Treasurer's ...	1	...	...	...	3	6	4	6	10
Transport ...	23	6	2	2	13	5	38	13	51
Weights & Measures ...	...	...	...	...	1	...	1	...	1
Welfare (incl. East Haven Hos.)	1	3	3	17	...	1	4	21	25
Others ...	...	...	1	1	1	1	2	2	4
TOTALS ...	64	14	74	45	94	96	232	155	387

## § 5. WATER SUPPLY AND SEWAGE DISPOSAL

The following information has been kindly provided by the Water Engineer, Mr. G. S. Short, M.A., LL.B., A.M.I.C.E., A.R.I.C.S., to whom I am indebted :

**“ Water Supply**—The supply is pumped from the River Tees, is treated with alumina ferric and with sodium aluminate and is passed to the settling tanks where it remains for a period of about six hours. Water is then pumped through pressure filters and after filtration is treated with chlorine and ammonia. To counteract the possibility of plumbo solvency, lime is added before the water leaves the works.

During the year bacteriological examinations of the raw, filtered and chlorinated water were made on 152 occasions and on tap water from different areas of the town on 55 occasions.

Details of the total water consumption per year since 1953 are given below. The water consumption increased by 13,775,000 gallons. No water has been supplied to the Tees Valley and Cleveland Water Board since June, 1960.

Year ending 31st December	Gallons Pumped
1953 ... ..	2,136,960,000
1954 ... ..	2,276,690,000
1955 ... ..	2,098,370,000
1956 ... ..	1,883,040,000
1957 ... ..	2,069,980,000
1958 .... ..	2,060,310,000
1959 ... ..	1,991,720,000
1960 ... ..	2,039,230,000
1961 ... ..	2,031,665,000
1962 ... ..	2,045,440,000

There is no statutory limit to the Corporation's powers of abstraction from the River Tees and, although the Tees Valley and Cleveland Water Act, 1959, empowered the Tees Valley and Cleveland Water Board to construct additional works at Broken Scar to increase their take of water up to 40 M.G.D., the Corporation's rights are protected. The Tees Valley and Cleveland Water Board commenced construction of a 4,000 million gallon reservoir at Balderhead during the year, designed to conserve water in the gathering grounds of the River Tees for the use of the rapidly expanding industry on Tees-side.

Darlington's supply is pumped, after treatment, direct to the town and to a 7 million gallon service reservoir at Harrowgate Hill.

In order to guard against the possibility of typhoid infection it has been and will be the regular practice to examine all employees of the Water Undertaking before they commence work.

The approximate total number of dwelling houses within the Borough is 27,664. The whole of these are supplied by water mains direct into the houses except 19 which are served by stand pipes, i.e., out of a total population of 84,400, 67 are served by stand pipes.

**Sewerage**—Work on the construction of the Cocker Beck Valley sewer from the main outfall sewer near Leadenhall Street to Cockerton has been completed.

A scheme has been submitted to the Ministry of Housing and Local Government for the next stage of the Main Outfall Sewer from Feethams to the connection with the new Cocker Beck Valley Sewer at Valley Street.

**Sewage Disposal Works**—Modernisation of the Sewage Disposal Works is being carried out in stages.

The Primary Treatment side of the Works (stage 1B) comprising new Constant Flow Detritus Tanks, Automatic Screening and Comminutor Equipment, Flume and Channels to the Sedimentation Tanks has been completed at a cost of £42,000.

The Ministry of Housing and Local Government have approved in principle the Corporation's outline proposals for the final stages of modernisation comprising Biological Treatment and Sludge Digestion.

Detailed design work is now proceeding preparatory to the invitation of tenders for the main Contract.

**Disposal of the Dead**—Three cemeteries with a total area of 93 acres of which 61 acres are laid out situated in different parts of the town provide adequate facilities for burial. These cemeteries are properly planned and are well maintained.

The work of reconstruction on the Crematorium at the West Cemetery is now completed, and the Corporation have taken over the service from the Darlington Cremation Society.”

## § 6. PUBLIC BATHS DEPARTMENT

The Darlington Public Baths Department, Gladstone Street, comprises two swimming pools and warm bath suites :—

**The Gladstone Pool**—100 ft. x 40 ft. ( $3\frac{1}{2}$  ft. to  $7\frac{1}{2}$  ft. depth), capacity 140,000 gallons. Cubicles and clothes lockers provide dressing accommodation for 250 persons each session. Pool fittings include graduated 3 meter diving stage. This pool opens for bathing between April and September each year and during the 1962 summer a total of 103,449 persons attended.

**The Kendrew Pool**—100 ft. x 48 ft. ( $2\frac{1}{2}$  ft. to  $5\frac{3}{4}$  ft. depth), capacity 100,000 gallons fitted with 78 dressing cubicles. The overall shallowness of this pool provides ideal facilities for swimming teaching, and is largely used by the Education Committee for organised schools classes who attend throughout the year. Total admissions for 1962/63 were 185,400.

**Warm Baths**—Ladies’ and gents’ suites, 14 cubicles in all, and 11,476 persons used these during the past year. With the building of new housing estates and the modernisation of old housing, all possessing integral warm bath facilities, the demand for use of the public baths has fallen steadily for a number of years, but a useful service is still provided.

Altogether, during the full year 1962/63 a total of 300,325 persons enjoyed one or the other of the department’s bathing facilities.

### Organised Swimming

**Free tuition classes**—organised by the department for children between the ages of 6 and 11 years is most successful. During the year 11,452 lessons were given, and 479 Corporation certificates awarded to children successfully swimming unaided 48 ft., the width of the Kendrew Bath. Since the commencement of the scheme 3,328 children have qualified as competent swimmers.

**Poliomyelitis rehabilitation**—A total of 3 patients registered during the year and collectively made 176 attendances. All patients are now swimming to some degree. A number of patients are also making use of the public swimming sessions.

**Adult classes**—A new venture sponsored by the Central Council for Physical Recreation successfully filled a long neglected need for teaching adult non-swimmers, and 92% of those participating are now swimming within limits.

**Darlington Schools**—The demand for swimming facilities by the schools continues to increase year by year, and the total 85,007 children attendances registered during the year strained the time table allocations to capacity limits.

### **Pool Water Purification**

To attain and maintain Ministry of Health recommended standards of bacteriological safety, the water of both pools is continuously circulated with a 3-hour 'turnover' through a battery of pressure and sand filters. Treated by the 'Breakpoint' technique of water sterilisation results in the provision at all times of a sterile water comparable to that of drinking water and of a crystal clear blue colour. The water is heated to a minimum of 78° F. before returning to the swimming pools. In maintaining the safe and comfortable conditions demanded over 3,000 pools water tests were taken during the year for temperature, pH and total alkaline values, and for free chlorine residuals. Additional to this a total of 72 samples, sent to the Public Health Laboratory, Northallerton for bacteriological examination, were certified by Dr. Payne to be pathogenically safe and the equal of Ministry of Health requirements.



## PART VII

**Sanitary Circumstances****(REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR)****§ 1. INTRODUCTORY LETTER AND ANALYSIS OF INSPECTIONS**

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my annual report and record of work carried out by the Public Health Inspectors' Department during 1962.

This report follows on similar lines to my previous reports in that I have summarised under respective headings the conditions prevailing in all sections of the duties with which my Department is charged.

The resources of the Department were taxed to the utmost during an outbreak of food poisoning in the summer. Exhaustive enquiries had to be made and a prodigious number of specimens collected, and the normal work of the Department suffered considerable disruption. Such an emergency served to illustrate the necessity for the establishment of inspectors to be maintained at full strength, and also emphasised the need for increased mobility of staff. The provision of a van for the Department would satisfy a long-standing need in this respect.

100% meat inspection was maintained throughout the year and this necessitated many hours of overtime by the meat inspectors.

Extensive improvements were carried out in all the slaughterhouses in the Borough in order to comply with the Slaughterhouses (Hygiene) Regulations and the Slaughter of Animals (Prevention of Cruelty) Regulations.

Some consideration must be given in the near future to the provision of additional slaughterhall facilities at the public abattoir. Owing to the increase in the number of animals slaughtered, the main slaughterhall becomes badly congested and not only creates danger to the operatives, but makes it increasingly difficult to maintain a reasonable standard of hygiene.

The parking of living vans owned by hawkers on derelict housing sites continues to be a problem. I would like to see a quicker development of these sites or the provision of a suitable temporary site for this type of van dweller, particularly during the Christmas season. When discovered they are requested to leave, and often move to another site within the Borough. This usually continues until early spring.

In conclusion, I have pleasure in expressing my thanks to the members of the Health Committee and to the Medical Officer of Health for their support and encouragement, and to my staff for their loyalty throughout the year.

I have the honour to be,

Your obedient Servant,

F. WARD,

Chief Public Health Inspector and  
Inspector of Meat and Other Foods.

## ANALYSIS OF INSPECTIONS

**Housing Conditions**

Housing Inspections	...	...	...	...	715
Slum clearance	...	...	...	...	817
Improvement grants	...	...	...	...	153
Certificates of disrepair	...	...	...	...	40
Re-inspections	...	...	...	...	1,647
Overcrowding and re-housing investigations	...	...	...	...	32
Living vans	...	...	...	...	364
Common lodging houses	...	...	...	...	12
Sundry nuisances	...	...	...	...	206
Interviews with owners, builders, etc.	...	...	...	...	1,573
Total					5,559

**Food Inspections**

Abattoir	...	...	...	...	801
Private slaughterhouses	...	...	...	...	809
Registered food premises	...	...	...	...	204
Food shops	...	...	...	...	567
Unsound food	...	...	...	...	204
Catering premises	...	...	...	...	163
Bakehouses	...	...	...	...	142
Fish friers	...	...	...	...	72
Ice cream manufacturers	...	...	...	...	54
Ice cream vendors	...	...	...	...	249
Dairies and milk shops	...	...	...	...	147
Licensed premises and clubs	...	...	...	...	7
Market shops and stalls	...	...	...	...	145
Samplings	...	...	...	...	217
Total					3,781

**Sundry Inspections**

Rat infestation	...	...	...	...	1,863
Infectious diseases and contacts	...	...	...	...	795
Factories, outworkers and workshops	...	...	...	...	222
Pharmacy and Poisons Act	...	...	...	...	58
Offensive trades	...	...	...	...	20
Smoke abatement	...	...	...	...	298
Disinfections and disinfestations	...	...	...	...	437
Pet animals	...	...	...	...	23
Miscellaneous inspections	...	...	...	...	440
Ineffective visits	...	...	...	...	805
Total					4,961

**Total Inspections**

Housing conditions ... ..	5,559
Food inspections, ... ..	3,781
Sundry Inspections ... ..	4,961
Total ...	14,301

**Nuisances and complaints**

491 complaints reached this Department during 1962, and this steadily declining figure is surely an indication of the improvement in conditions in housing, food hygiene, and other fields of public health work with which this Department is concerned.

In March, the Health Committee gave the Department authority to clear blocked drains subject to payment for the work involved. This makes it possible for drains to be cleared with the minimum of delay, and dispenses with the need for service of notices, provided that the stoppages are uncomplicated, and that no excavation or structural work is involved.

The cleansing and maintenance of old "combined drains" frequently presents a problem, but when it is accepted that the majority of these so called drains are sewers for which the Council has statutory obligations, the problems arising from conflicting interests are more readily resolved. The value of Sections 23 and 24 of the Public Health Act, 1936 was demonstrated on more than one occasion during the year when it became necessary to invoke their provisions in relation to small groups of premises served by "combined drains".

Complaints were again received during the summer alleging nuisance from the keeping of pigs in proximity to dwellings in a rural area of the town. Conditions at times were approaching the level of statutory nuisance, but informal action eventually prevailed. The attitude of the owner was that people living in rural surroundings must expect occasionally to have their senses offended by the sight, smell or noise of farm animals.

**§ 2. LIVING ACCOMMODATION**

<b>Repairs</b>	<b>Informal Action</b>	<b>Number of Houses</b>
(1) Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts ... ..		110
(2) Number of premises in which insanitary conditions, not strictly of a structural character, were remedied ...		54
<b>Action under Statutory Powers</b>		
<i>(a) Proceedings under Section 9, Housing Act, 1957 :</i>		
(1) Number of dwelling houses in respect of which notices were served requiring repairs ... ..		21
(2) Number of dwelling houses rendered fit after service of formal notices :		
(a) By owners ... ..		18
(b) By Local Authority in default of owners ...		—

(b) *Proceedings under the Public Health Acts :*

(1) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners ... ..	60
(b) By local Authority in default of owners ...	2
(2) Number of properties in which insanitary conditions not strictly of a structural character were remedied after service of formal notices ... ..	28
(3) Total number of defects remedied as a result of informal and formal action ... ..	1,338

Undue delay frequently occurs in securing compliance with the requirements of notices of repair. Property owners are not always to blame in this respect as there appears to be a shortage of reliable jobbing builders, and those to whom orders are given usually have full order books. The Works Department of the Corporation is similarly placed in that its staff is seldom in a position to carry out work in default at short notice. I suspect that certain property owners take advantage of this situation to evade their responsibilities, and in such cases it would be an advantage if the current procedure for execution of work in default could be speeded up.

**Demolition and Closing Orders****Housing Act, 1957**

Houses    Persons  
             Displaced

(a) Houses closed in pursuance of an undertaking given by the owners under Section 16, and still in force ... ..	—	—
(b) Demolition or Closing Orders made under Sections 17(1) and 18(1) ... ..	10	34

**Clearance Areas**

During the year, official representations were made in respect of the following areas, and Compulsory Purchase Orders were submitted for confirmation by the Minister of Housing and Local Government.

Area	Number of Properties
Freeman's Place No. 1 ... ..	27
Freeman's Place No. 2 ... ..	16

The Minister confirmed the Fry Street Compulsory Purchase Order which included 42 houses.

All houses included in the Dodsworth Street, Grey Street, Allan Street, Four Riggs and Cricketfield Row Clearance Areas were demolished during the year, as well as most of those in Archer Street, King Street No. 1, Commercial Street and Albion Street Areas.

A severe gale in February caused considerable damage to property, and roofs and chimneys of houses, especially those in proposed clearance areas, suffered badly. It served as a useful reminder that in old property, the only manifestation of serious structural weakness may often appear as a minor item of disrepair.



A Form of Further Proposals under Section 2 of the Housing Act, 1957 was submitted to the Minister of Housing and Local Government. It was estimated that the number of houses remaining unfit in proposed clearance areas elsewhere and which could properly be dealt with within the next five years was 584. This figure includes approximately 180 prefabricated dwellings owned by the Corporation, and takes into account the number of new houses likely to be allocated to families rehoused from clearance areas.

### Houses in Multiple Occupation

It is fortunate that Darlington has not been beset by the problems associated with large scale immigration, and therefore there has not been the mass overcrowding or deterioration in housing standards that has been experienced elsewhere.

Of several houses investigated, in only one were conditions found to be so unsatisfactory as to call for formal action. This took the form of closing orders on parts of the house, a notice requiring the provision of amenities, and finally a Direction Order to reduce the number of occupants. This course of action eventually resulted in the house being vacated.

The Chief Fire Officer, during his valuable co-operation in the above case, advised on the fire hazards in multi-storeyed houses that are tenemented, and the need for fire escapes especially from attic floors on which the rooms are occupied by separate families from those on the floors beneath.

### RENT ACT, 1957

The following figures show how little used are the valuable provisions of this Act. Perhaps the reasons for the decline are ignorance of the provisions, the procedure is too cumbersome and it is easier to complain to the Public Health Inspector, the number of decontrolled houses is increasing daily and the worst of the sub-standard houses have been demolished.

Applications made under the Act during the year were as follows:—

(a) For Certificates of Disrepair	...	...	...	9
(b) Certificates refused or withdrawn	...	...	...	1
(c) Undertakings received	...	...	...	8
(d) Certificates issued	...	...	...	—

### Improvement Grants

The number of applications for discretionary grants during 1962 was well below that during the previous year, while standard grants showed a slight increase.

Only a small proportion of the applications have been made in respect of rented premises, in spite of the encouragement given to landlords by the Housing Act, 1961 to increase rents by an annual sum amounting to 12½% of their share of the cost of improvement instead of 8%.

In the opinion of your Chief Public Health Inspector, much more progress in the improvement of houses would have been made if such improvements had been made a condition of rent increase as permitted by the Rent Act, 1957.

The Minister of Housing and Local Government, in a circular to all Housing Authorities, wanted to see a very big increase in the number of houses being improved, and emphasised the importance of publicity. Local Authorities were urged to tackle improvements street by street or area by area. If owners were unwilling to improve their houses and were willing to sell them to the local authority so that they could do the improvement, the Minister would readily sanction the loan; if landlords of rented property were not willing to sell, the Minister would be prepared to consider the use of compulsory purchase powers.

In certifying a prospective life of 15 or 30 years for a house to qualify for the appropriate grant, the main difficulties arise in obsolescent areas and in those streets which ought not to be perpetuated indefinitely. In such areas, it is inevitable that border-line cases are encountered which require much heart-searching, and therefore I am proposing to draw up a schedule as follows:—

- (a) streets in which no grants will be recommended.
- (b) streets in which standard grants only will be recommended.
- (c) streets with a future life of not less than 15 years in which standard grants would be recommended, but in which discretionary grants should only be recommended if it can be anticipated that progressive improvements will be made.

Should the Council then decide to take enforcement action on the lines suggested by the Minister, it may be argued that priority should be given to streets in category (c) rather than to better areas whose future is not at present in doubt.

### **Caravan Sites**

The lease held by the occupier of a caravan site for 12 caravans was terminated during the year, and negotiations for the sale or lease of the land to the Corporation failed to reach a satisfactory conclusion.

No successful agreement was reached between the Showmen's Guild and the Council regarding the site of a small clearance area for use by members of the Guild for winter quarters.

On a happier note, I have to report that the drainage at the McMullen Road Caravan Site was connected to the main sewerage system and the cesspool previously used was dispensed with. At the end of the year, work was well under way to supply electricity to the site.

Towards the end of the year, a multitude of caravan dwellers descended upon the site of a clearance area conveniently near the town centre. The caravans were eventually removed, leaving behind a trail of desolation, and some found their way to a Corporation car park, apparently taking refuge in the fact that notice-boards prohibiting the parking of caravans were not erected. This omission is soon to be rectified.

Following the consideration by the Health and Development Committees of a ministerial circular outlining the problems of gypsies in finding suitable sites, the Council informed the Durham County Council of a willingness to consider the matter in co-operation with other Councils in the area.

## Noise Abatement Act, 1960

Several warning letters were sent to ice cream vendors who operated their chimes outside the permitted period.

Another source of complaint arose from the sounding of horns by mobile shops when stationary. This, of course, is an offence under the Motor Vehicles (Construction and Use) Regulations, 1955, and a matter for the police to institute proceedings.

Complaints are seldom received relating to sources creating the greatest intensity of noise, as, for instance, heavy industry, traffic, pneumatic drills and radios, from which fact it would appear that the public is either inured to, or takes for granted these back-ground noises of modern civilisation.

Whilst it is possible to measure the physical intensity of noise, the subjective effect or annoyance value to the individual will always remain a variable factor.

Nevertheless, arbitrary noise levels already have been established in some countries, and it is to be expected that this country will eventually draw up a statutory code of maximum permissible noise levels on which to assess nuisance.

## Insect Pests and Disinfestation

The following table shows the number and type of infestation, etc. dealt with during 1962:—

Council house relettings	...	...	...	196
Dirty houses	...	...	...	6
Infectious diseases	...	...	...	19
Ants	...	...	...	13
Cockroaches	...	...	...	30
Blow flies	...	...	...	2
Bugs	...	...	...	7
Clover mites	...	...	...	5
Hedge blight	...	...	...	2
Moths	...	...	...	2
Sand fleas	...	...	...	1
Vinegar flies	...	...	...	2
Wasps	...	...	...	3

Cockroaches have proved difficult to eradicate in a number of Council houses on a pre-war estate, and different insecticides have been used to overcome a suspected immunity to those previously used. Some structural work also has been recommended. It is rumoured that the site of the houses was formerly a tip from which the infestation originates, but whatever its source, I think the infestation has been perpetuated by the rather low standard of housekeeping in two or three instances.

## § 3. FOOD HYGIENE

Regular visits of inspections have been made to all classes of food premises, and advice on matters of hygiene has been given. 124 improvements of various kinds have been made at the request of the Department, and it is



self-evident that unsolicited improvements are constantly taking place in the natural course of progress.

It is disappointing that much of the purpose of these efforts can so easily be nullified by carelessness in the human element as was starkly revealed during the detailed investigation of the food poisoning outbreak. A simple omission here, a bad habit there, an act of gross carelessness elsewhere, and so the chain of evidence was followed up. Although the outbreak had a somewhat obscure origin, it was soon evident that meat products were implicated, and therefore letters were circulated to all slaughtermen and to employees at butchers' manufacturing premises stressing the importance of the simple rules of hygiene. These were followed up by advisory visits, and it is only fair to state that all concerned were more than usually co-operative. Rumour was widespread, and the sales resistance of the public to certain meat products was difficult to overcome for quite a long while.

Eighteen complaints were received referring to the condition of food, the more serious of which were referred to the Health Committee for appropriate action. Four letters of warning were sent. It must be recognised that only a very small percentage of people who are dissatisfied with the food they buy, either because of its quality or because it contains foreign bodies, complain to this office. This is regrettable because official investigation of complaints may reveal negligence or the need for additional safeguards, and even in premises where ideal conditions are believed to prevail, unforeseen occurrences have been revealed after management and staff have been alerted.

With regard to the Food Hygiene Regulations, the majority of minor contraventions are dealt with informally. However, one local butcher who had previously been warned of the offence was prosecuted for smoking whilst handling meat and was fined £5 and ordered to pay £3 advocate's fee.

The total number of food premises and inspections in the various categories are as follows:—

Types of Premises	Number	Number of Inspections
Foodshops (Grocers, general dealers, etc.) ...	510	567
Markets ... ..	2	145
Catering premises .. ..	98	163
Bakehouses ... ..	44	142
Fish friers ... ..	48	72
Licensed premises ... ..	60	4
Registered food premises ... ..	61	204
(for the manufacture of potted, pressed, pickled or preserved food)		
Ice cream manufacturers ... ..	10	54
Vendors of pre-packed ice cream ... ..	326	249
Vendors of unwrapped ice cream ... ..	40	
Dairies other than dairy farms ... ..	2	
Milk distribution premises (ready bottled milk) ... ..	177	147

The following samples were taken during investigations of suspected food poisoning or dysentery, and also during routine sampling at slaughtering and meat manufacturing premises to detect the incidence of salmonella organisms.



Samples submitted to the Public Health Laboratory	Samples reported to be positive						Total
	Salmonella				Shigella Sonnei	Staphylo- coccus Aureus	
	Living- stone	New- port	Senften- burg	Typhi- murium			
73 Sausages ... ..		2					2
115 sausage meat ... ..		2					2
30 pie meat ... ..		1					1
90 pies ... ..							—
732 human faeces ... ..		147		2	27		176
503 pig faeces ... ..							—
475 pig caecal swabs ... ..				1			1
186 sewer swabs ... ..	2	4	1				7
349 pig mesenteric glands ... ..		1					1
2 human vomit ... ..						2	2
6 nasal swabs ... ..						4	4
1 egg roll ... ..						1	1
42 sundries ... ..							—
2,604	2	157	1	3	27	7	197

The Public Health Laboratory's research, in which we have been co-operating for the past two years, into the incidence of salmonella organisms and infection, has been assisted by the specimens included in the above table, notably pig faeces, caecal swabs, glands, sewer swabs and sausage meat.

#### § 4. PRODUCTION AND DISTRIBUTION OF MILK

The total number of persons/premises on the Register is as follows :—

<b>Dairies</b>	Other than Dairy Farms ...	2
<b>Distributors</b>	(a) Bottled milk only (as received) ...	177
	(b) Residing outside, but retailing inside the Borough ...	5

#### The Milk (Special Designation) Regulations, 1960

In pursuance of these Regulations, licences are in force authorising the use of Special Designations, as follows :—

	Grade of Milk		
	Pasteurised	T.T.	Sterilised
Pasteuriser/Bottler/Retailer ...	2	2	—
Dealer ...	79	72	124

### Bacteriological Examination of Milk

The following Table describes the various tests to which samples of milk were subjected :—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Pasteurised	Methylene Blue Phosphatase	52 52	2 0
T.T. Pasteurised	Methylene Blue Phosphatase	45 45	0 0
Tuberculin Tested	Methylene Blue	38	2
Sterilised	Turbidity	12	0
TOTAL		244	4

A complaint was received from the owner of a pasteurising plant alleging that milk received from various farms was unsatisfactory.

13 samples of milk were taken upon arrival at the dairy. 7 failed the methylene blue test and were therefore regarded as unsatisfactory. The facts were reported to the Area Milk Production Officer, investigations were made at the farms, and further samples taken were reported to be satisfactory.

A request was received from the owner of a pasteurising plant for assistance in connection with his bottle-washing plant. 58 samples of bottle rinse were submitted for bacteriological examination and many of these were reported to be unsatisfactory. The plant was examined and advice given, and further samples were reported to be satisfactory.

The sale of milk in dirty bottles is an occasional subject for complaint to the Department, and is known to be a matter of great concern throughout the dairying industry. Bottles which have been used to contain contaminating substances or have been left unrinsed and exposed to atmospheric grime or insects in back yards, factories or building sites often bear deposits which have defeated the washing apparatus and go undetected by the "spotters".

The ultimate answer to the problem must lie in the use of non-returnable containers.

### Biological Examination of Milk

A periodical check of milk sold in the Borough, particularly that which is not subjected to heat treatment, is made to ascertain its freedom from tubercle bacilli and brucella abortus. During the year the following samples were submitted to the Public Health Laboratory :—

Designation	Appropriate Tests	Number Examined	Number Unsatisfactory
Tuberculin tested ... ..	Tubercle Bacilli	34	0
	Brucella Abortus	34	5
Pasteurised ... ..	Tubercle Bacilli	2	0
	Brucella Abortus	2	0
Total ... ..		72	5

In connection with the unsatisfactory sample, the Inspector for the area concerned was notified. Further samples taken were reported to be satisfactory.

### § 5. FOOD AND DRUGS ACTS, 1938 to 1955

114 informal samples of various food and drugs were taken for chemical analysis. All the samples were reported to be satisfactory.

#### Ice Cream—Production and Distribution

Registered premises or persons are as follows :—

Manufacturers (Hot mix) ... ..	6
Manufacturers (Cold mix) ... ..	4
Vendors (Pre-packed) ... ..	326
Vendors (Unwrapped) ... ..	39

16 samples of ice cream were taken and submitted for bacteriological examination. The Bacteriologist reported 4 of these samples to be unsatisfactory, visits were made to the places of production and advice given.

### § 6. INSPECTION OF MEAT AND OTHER FOODS

The following Table sets out the respective slaughtering figures for the Abattoir and private slaughterhouses. Post-mortem examination has been made of all animals and ante-mortem examination whenever practicable.

## Slaughtering Totals 1962

	Cattle	Calves	Sheep	Pigs	Total
Abattoir ... ..	12,652	1,742	36,522	15,714	66,630
Private Slaughterhouses ...	2,524	43	7,985	4,020	14,572
TOTAL ...	15,176	1,785	44,507	19,734	81,202

## Carcases and Offal inspected and condemned in whole or in part.

	Cattle ex'ding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ... ..	11,666	3,510	1,785	44,507	19,734	—
Number inspected ... ..	11,666	3,510	1,785	44,507	19,734	—
<b>All diseases except Tuberculosis and Cysticerci.</b>						
Whole carcases condemned ...	23	36	24	144	100	—
Carcases of which some part or organ was condemned ...	1,078	314	13	713	1,054	—
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci ... ..	9.44	9.97	2.07	1.92	5.85	—
<b>Tuberculosis only.</b>						
Whole carcases condemned ...	1	3	—	—	—	—
Carcases of which some part or organ was condemned ...	42	33	3	—	63	—
Percentage of the number inspected affected with Tuberculosis ... ..	0.37	1.02	0.17	—	0.32	—
<b>Cysticercosis.</b>						
Carcases of which some part or organ was condemned ...	4	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—

It is gratifying to draw attention to the low incidence of tuberculosis in food animals, and the steady decline over the last few years in the figures corresponding to those in the above table is a measure of the success of the tuberculosis eradication schemes. Ten years ago, the percentage of slaughtered animals found to have tuberculous lesions was in the region of 10% for cattle, 30% for cows and 4% for pigs.



## **Slaughterhouses Act, 1958**

The construction regulations relating to hygiene and prevention of cruelty in slaughterhouses became fully operative on 1st July, which was the appointed day, and by which date the new lairage and other improvements at the public abattoir had been completed. I am pleased to report that all the principal requirements of the Regulations are now complied with in all slaughterhouses, although experience in the operation of the Regulations may indicate the necessity for improvements from time to time.

The Minister's Veterinary Officer, who is now authorised to do so, inspected all the slaughterhouses in September in company with your Chief Public Health Inspector and was evidently satisfied with the overall conditions on which he was required to report. His suggestions concerned minor issues only, and were immediately passed on to the persons concerned.

### **Condemned Meat and Other Food**

Carcases and portions thereof, and organs having a total weight of 35 tons 13cwt. 0 stones 6 lbs. were found to be diseased or otherwise unfit for human consumption.

Canned foods and other provisions having a total weight of 5 tons 15 cwt. 6 stones 10 lbs. were also found to be unfit for human consumption.

### **Disposal of Condemned Food**

Condemned meat and offal from the abattoir is collected by a processor specialising in the manufacture of technical oils and fats. The meat is transported in special vehicles equipped with lockable containers to receive the carcasses, and as an additional precaution the latter are slashed and stained green.

Meat condemned at butchers' shops and private slaughterhouses is delivered at the abattoir for collection as above, except in the case of the largest private slaughterhouses where a direct collection is made by the processor.

All other condemned food is surrendered at the Health Department where an employee opens out the larger tins and sorts out such food as is salvageable. This is placed in bins provided by a firm specialising in the processing for animal food of such waste material, and the bins are collected and replaced twice weekly.

Unsalvageable foods are disposed of by controlled tipping.

## **§ 7. OFFENSIVE TRADES**

The number of offensive trades on the Register is as follows :—

- 2 Tripe Boiling.
- 2 Fat Refining.
- 1 Gut Scraping.
- 2 Rag and Bone Dealing.

All these trades have been carried on in a satisfactory manner, and no serious nuisance has been caused.

### § 8. RODENT CONTROL

One full-time operative is employed to deal with the day-to-day business of extermination of rats and mice, but whenever the need arises, the disinfecter is at hand to give assistance.

Sewer treatments are carried out twice yearly, and on these occasions an additional four men are made available by the Works Department.

Business premises are charged with the cost of time and material, but no charge is made for the disinfestation of private dwellings.

#### Sewer Maintenance Treatment

Two Sewer maintenance treatments have been carried out, the first during the period 30th April to 26th May, 1962, and the second from 1st to 27th October, 1962.

	1st	2nd
Total number of manholes in foul and connected systems ... ..	1,869	1,869
Manholes baited ... ..	289	323
Manholes showing pre-bait take ... ..	84	82
Manholes showing complete pre-bait take (one or both days) ... ..	—	—
Schemes of baiting used ... ..	1st, 4th, 8th	1st, 4th, 8th, 14th
Manholes test-baited ... ..	127	44

#### General :

Premises dealt with ... ..	371
Visits made ... ..	1,571
Bodies seen—rats ... ..	1,456
mice ... ..	320
Estimated number of rats killed (assessed Ministry of Food formula) ... ..	3,212
Estimated number of mice killed (assessed 1/5th oz. per mouse) ... ..	1,089

## § 9. FACTORIES ACT, 1961

## Part 1 of the Act

1. **Inspections** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	32	20	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority ... ..	306	168	12	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	26	30	1	—
TOTAL ...	364	218	14	—

2. Cases in which **Defects** were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	1	—	—	—	—
(b) Unsuitable or defective	11	13	—	8	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	2	2	—	—	—
TOTAL ... ..	14	15	—	8	—

## Part VIII of the Act

## Outwork

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Sec. 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc.	3	—	—	—	—	—
TOTAL ...	3	—	—	—	—	—



## MISCELLANEOUS PROVISIONS

### **Slaughter of Animals Act, 1958**

48 licences were issued to slaughtermen employed at the abattoir and private slaughterhouses. The slaughtermen referred to have carried out their duties satisfactorily during the year.

### **Pharmacy and Poisons Act, 1933**

There are 43 persons whose names are entered on the list entitling them to sell Poisons included in Part II of the Poisons List.

58 visits were made and advice given relative to storage, labelling and sale of the various poisons.

### **Common Lodging House**

There is one Common Lodging House on the register with accommodation for 98 lodgers.

This lodging house has been well-maintained throughout the year.

### **Shops Act, 1950**

The Public Health Inspectors are responsible for the enforcement of Section 38 which relates to ventilation and temperature of shops, and to sanitary conveniences.

An amicable liaison exists between this Department and that of the Shops Act Inspector whereby the latter notifies me of any apparent contraventions of the section which come to his notice during the course of his inspections.

### **Pet Animals Act, 1961**

During the year, licences were issued in respect of 1 shop and 4 market stalls.

23 inspections were made to ensure that the conditions attached to the licences were being observed.

### **Merchandise Marks Acts**

These Acts are intended for the protection of home-produced goods rather than as a public health measure. Insofar as foodstuffs are concerned, the positive differentiation between imported and home produce presents the most frequent difficulty in administration. Advice on correct marking is given during routine visits to foodshops.

### **Rag Flock Act, 1961**

There are no premises in the County Borough required to be registered under the provisions of this Act.

## APPENDIX "A"

**An Outbreak of Food Poisoning due to *Salmonella* Newport in the County Borough of Darlington, June-August, 1962**

Joseph V. Walker, M.D., M.R.C.P., D.P.H.,  
Consultant Physician for Infectious Diseases and Medical Officer of Health,  
Darlington County Borough.

Fred Ward, A.R.S.H., M.P.H.A.,  
Chief Public Health Inspector, Darlington County Borough.

During the eight weeks between Whitsuntide and August Bank Holiday, 10th June to 6th August, 1962, there was in Darlington a short, sharp outbreak of food poisoning due to *salmonella newport*. Though the known incidence of this organism in the United Kingdom during the last five years has been small, sewer-swabs taken this year from the outfalls of the Darlington Municipal Abattoir had shown its presence, possibly derived from the soiled lairage of an infected pig or pigs. At least, as a result of this work undertaken in collaboration with the Northallerton Public Health Laboratory, it was already known that *salmonella newport* was to be found in the area.

**History of Outbreak**

The first two patients, M.G., aged 44, and her daughter V.F., aged 19, were admitted under the care of one of us (J.V.W.) to Hundens Unit of the Darlington Memorial Hospital on Whit Monday, 11th June, suffering from febrile diarrhoea and vomiting. They were treated expectantly and a bacteriological report on 15th June declared the presence of salmonella, presumptively *newport*, in their faeces, which a further report of 25th June confirmed.

On 12th June another member of the same family, D.F., a girl aged 20, and a quite unrelated schoolboy who lived in a differing part of the town, J. MacM., aged 14, were admitted with similar symptoms and the evaluation of their case histories disclosed a possible common source of infection in meat pies purchased on 8th and 9th June and obtained from the same suppliers. The next day the public health inspectorate of the County Borough was given the task of pursuing enquiries and the same day (13 June) a practitioner reported cases in another family where food of the same origin had been consumed.

Samples of sausage and pie meat were taken for bacteriological examination and arrangements were made to collect specimens of faeces from all food handlers employed by the firm in question at their slaughterhouse, pie factory, small meats and central butchering departments, and from all contacts of reported cases. The suppliers were a multiple store with branches in all parts of Darlington, whose slaughter house and meat factory were within the same curtilage. The management showed a willing co-operation with the Health Department, but certain adverse factors were found which receive comment under the heading "Discussion".

The next patients to be admitted were a married couple, W.G. aged 44, and V.G. aged 32, who, though not Darlington residents, had partaken of meat pies from the same source as the other patients. These were admitted on 13th June and their faeces were reported positive for *salmonella newport* on 16th and 19th June respectively. On 14th June another member of the first family, J.F., aged 17, was admitted. She was clinically typical but never bacteriologically positive.

On 15th June samples of faeces from employees at another branch of the multiple store were collected for examination and sent to the Northallerton Public Health Laboratory together with specimens of pie meat, and the same day confirmation of salmonella infection was received in respect of a contact and of a non-hospitalised patient. On Monday, 18th June, one week after the admission of the first case, positive reports were received of samples from several food handling employees and contacts of patients. In one family the only non-positive reactor was alone in not having consumed meat pies from the suppliers. All the positive returns of that day were from symptomless excreters, one of whom was, as it happened, a canteen worker.

The next hospital patient was a transfer from a surgical ward where her appendix had been removed on a diagnosis of acute appendicitis, though the organ was found to be normal. She was E.S., aged 13, and her stool showed *salmonella newport*. She was admitted to Hundens Unit on 15th June and her symptoms at transfer and subsequently were negligible. On 18th June the most severely ill of all the patients was admitted, a middle-aged man of 55, T.M. He had been ill for a week and was severely dehydrated from persistent vomiting. He too was bacteriologically positive. On 19th June a young man, D.W., was admitted, having first been seen by a surgeon as a case of appendicitis. The diagnosis of salmonellosis was preferred, however, and bacteriologically confirmed. In respect of T.M. the link with the same source as before was clear enough. It was never explicit for E.S. and D.W.

The weekly bulletin letter issued to all doctors by the Health Department for 18th June referred to the outbreak and during the previous week 6 cases of food poisoning and suspected food poisoning had been notified. This number increased to 10 for the week ending 23rd June and 17 for the week ending 30th June. Subsequently such notifications declined and were often, on investigation, found to be sporadic cases of suspected infection which were confirmed as such. One or two patients who were positive reactors were belatedly brought to the notice of the Health Department by the pathological laboratory of the Darlington Memorial Hospital, where faecal specimens had been sent by a practitioner in the town. This observation suggests in all probability more positive cases existed than were ever brought to the notice of the Health Department. It may be taken as certain that most of the seriously ill patients were admitted to hospital with one exception, an old man of 86 who died on 19th June of gastro-enteritis and who, since he had eaten a meat pie from the source in question was subsequently suspected as belonging to the series.

Patients continued to be admitted to Hundens Unit until 18th July and two of them, both babies, were transfers from Greenbank Maternity Hospital, where they had shown abnormally loose motions and were found to be positive bacteriologically for *newport* infection. Another baby delivered in this maternity hospital was admitted from home similarly infected. In all cases it is



believed that the organism was transmitted from the mother or, in the third instance, from the family at home, as no positive returns were found from among hospital staff. The last patient to Hundens, M.McG., a woman of 60, was admitted more than a fortnight after the last active case. Thus the infection faded away without dramatic incident but with a legacy of uncertain extent of human carriers.

### Methods of Control

It was decided to exclude all positive food handlers from work until after three consecutive negative results from faecal samples, and they were all to be seen by the Medical Officer of Health or a medical member of his staff for a talk on personal hygiene before their return to work. It was hoped to enlist the help of such ex-patients in the future as health educators among their work-mates. General practitioners were notified of the results of the faeces samples from their patients, at first by telephone and later by letter. No treatment to shorten the symptomless carrier state came to light, but fortunately the condition tended to clear up naturally. Very likely many such persons were not true carriers but examples of sub-clinical infection.

Positive bacterial results from the same strain were reported from pie meat, sausage meat and sausages prepared at the meat factory, but caecal swabs of all pigs slaughtered and swabs of all equipment at the factory were reported to be negative. Drain and sewer swabs were placed at six points in the drainage system and the last positive swab was obtained in the week ending 10th July. A visit was paid by two of us (J.V.W. and F.W.), accompanied by the Deputy Medical Officer of Health for Darlington, to the factory and recommendations were made. These were later incorporated in a letter to the General Manager of the stores in question. Staff were exhorted to aim at a higher standard of technique in personal hygiene and public health inspectors visiting the premises in the course of their duties were specially briefed in this respect.

No powers exist under any relevant legislation to close a slaughter house, though it is possible to prohibit the sale of suspected or incriminated food-stuffs. Action under this regulation was considered in respect of all food prepared for consumption at the meat factory, but as less rigorous steps appeared to have been successful, it was deemed unnecessary.

### Clinical Factors

The number of patients admitted to hospital was 19 in all, 11 female and 8 male. The age range was from infancy to later middle age and only one could have been regarded as gravely ill on admission, he being a prematurely old man of 55 whose admission had been delayed until serious dehydration had supervened. All these patients made a good recovery.

Two groups may be discerned among these patients, 9 of them due to primary infection apparently from a batch of meat pies on sale at the end of the week before Whitsuntide (8th and 9th June). Among them were the three different families to which the first 7 admissions belonged, the fourth family reported on 13th July by their practitioner, none of whom were admitted, and, presumably, the patients brought to light from the laboratory of the Darlington Memorial Hospital. Those people, falling ill on 10th, 11th or 12th June,



suggest an incubation period of two to three days, which corresponds with accepted opinion.

All except one of the patients admitted on the first to third day of illness, and some on later days, showed symptoms of toxæmia; pyrexia, malaise, headaches, drowsiness by day and restlessness at night. Temperature was sometimes high, 103.6 being the maximum recorded (M.G. on day of admission, her first day of illness) and 102 and over in other instances. Pyrexia was liable to continue for some days, up to eight days of illness being the maximum. In 2 cases after return to normal for twenty-four hours further transient rises of temperature were observed. The pulse was moderately raised, a rate of 120 corresponding approximately with a temperature of 102°F. To what extent the natural course of the illness was influenced by treatment is naturally indeterminate, but as a personal opinion (J.V.W.), not very much.

Diarrhoea, with watery, yellowish stools containing mucus and microscopic blood, continued while the invasive process was active and there was some vomiting, but among the patients admitted to hospital this was not a troublesome symptom and interfered not at all with the consumption of fluids and drugs. Only one patient required parenteral fluid, T.M., who was admitted on the seventh day of illness and with dehydration as his presenting symptom. He was apyrexial throughout his stay in hospital and rapidly rallied when his fluid and electrolyte balance had been adjusted.

All patients in the invasive stage showed a yellow furred tongue and a tumid, somewhat tender abdomen with maximum tenderness over ascending colon, usually with absent reflexes. A differential diagnosis of acute appendicitis was sometimes difficult; one such patient was admitted after operation and in two others the malady had been the provisional diagnosis. On the other hand, a man suffering from acute appendicitis when a gangrenous appendix was removed at operation was admitted in the first instance to Hundens Unit as salmonellosis. A steady rise of pulse over five hours on an hourly pulse chart sufficed to decide the question. Three patients showed labial herpes in association with their salmonellosis. No patient in this series exhibited meningitic symptoms.

The patients admitted after 19th June represented a rather different series. Some of them, D.W., D.B., M.K. and the last patient, M.McG., were still in the invasive stage of the disease, but they did not seem to have acquired the malady from themselves eating infected foodstuffs, but rather from others in the sub-clinical symptomless excreter states. Such was clearly the situation with M.McG., the mother of a food-handler who was found to have been a positive excreter. Others were transferred from the Darlington Memorial and Greenbank Maternity Hospitals, where they had exhibited suspicious symptoms (mostly diarrhoea) and their faeces had shown the presence of *S. newport*.

Treatment consisted of bland fluids by mouth (for infants isotonic dextrose saline solution) and, at first, before the cause of the illness was known, guanimycin (streptomycin, sulphaguanidine and kaolin mixture). When infection by a salmonella was confirmed, a five-day course of chloramphenicol was instituted, but no dramatic results followed the exhibition of this almost specific agent against *S. typhi* and *paratyphi* and it certainly had no effect upon the carrier state of otherwise symptomless patients. Recovery seemed to

be due in most if not all cases to the *vis medicatrix naturae*, except for the man whose life was undoubtedly saved by intravenous saline. The majority of the patients were still positive excreters when they were discharged. As none of them was a food-handler and most came from satisfactory social circumstances, it was felt that careful briefing in the aim and methods of essential personal hygiene was preferable to indefinite hospitalisation, and previous experience in Darlington had shown in respect both of *S. heidelberg* and *S. typhi-murium* that such precautions were sufficient among non-food-handling patients to prevent secondary infections. One infant, the last but one admission (B.F.), has been retained to date in hospital because her home circumstances are unsatisfactory.

## Discussion

The largest difficulty in the control of this outbreak was to instil a sense of responsibility into the operatives at the slaughter house and meat factory of the multiple store. This was particularly true of the slaughter men, who at first treated the matter as a joke. We also found that there had been some recent cases of diarrhoea among food-handlers here and at the butchers' shop who had not reported sick. This is the "human element" which cannot be eliminated whenever men and women are involved, but which can be reduced by careful attention to procedure and lay out. Best of all would be to separate completely the slaughter house from the meat factory, but such a step was not immediately feasible. The management agreed, however, to a change of layout at the premises which would make contamination from the slaughter house of food, in course of preparation or prepared, much less likely.

Granted that *newport* salmonellosis was present in the area to an undefined extent among the pig population, the risk of direct infection of cooked meats from the slaughter house and the self-infection of personnel was always present. It may be that a large number of temporary human symptomless excreters existed at the time of the outbreak, probably most of them if not all to be classed as cases of sub-clinical infection (similar cases were to be found among symptomless members of the households of patients in hospital). By the middle of August the majority of such positive reactors had shown the three consecutively negative faecal specimens required before a return to work, which seems to favour this probability, since experience has shown that the true carrier state in other examples of salmonellosis can be extremely obstinate. All symptomless positive reactors were referred to their practitioners and a variety of bacteriostatic and bacteriocidal remedies were exhibited to them, but without any definite evidence of their efficiency.

Though the follow-up of the first cases was as prompt as possible in spite of the Whitsun holiday, and most people concerned, once they could be convinced that the matter was serious, co-operated to the best of their ability with the Health Department, the speedy limitation of the outbreak was an unexpected matter for congratulation and perhaps the otherwise disappointing summer of 1962 may have brought a benefit in this respect, the salmonellae growing slowly in the low prevailing temperatures. The balance of dose, virulence and susceptibility is always uncertain and it would seem that a fairly large dose of *S. newport* is required to produce an overt infection, the majority of those infected showing no symptoms.

It is worthy of remark that cases of diarrhoea had been numerous in Darlington before the outbreak of salmonellosis. Some of them were notified as suspected food poisoning and a sharp outbreak of what appeared to be staphylococcal toxin poisoning was reported and investigated at a works canteen during the week before Whitsuntide. The exact significance of this observation is obscure.

A point illustrated by this report is the great advantage to public health administration when the Medical Officer of Health is also Consultant Physician for Infectious Diseases, for then the communications between office and hospital are completely open and the attempt to control the outbreak is the responsibility of one who is fully aware of the clinical details of what he is trying to prevent.

### Summary

An outbreak of infection by *salmonella newport* in the County Borough of Darlington is described. It extended over seven weeks in the summer of 1962 and nineteen patients were admitted to hospital on account of it. The source of infection was traced to a slaughter house and meat factory and a number of symptomless excretors of the organism were found among food-handling employees. Measures to control the outbreak were successful once their importance was understood by personnel. The clinical features of the patients admitted to hospital are described, where it is shown that several of them showed marked invasive symptoms. More patients were treated by practitioners in the town than were admitted to hospital and from the number of positive reactors among symptomless contacts it would seem that sub-clinical cases were the more numerous. Some general aspects of the outbreak are discussed.

We should like to express our very sincere thanks to Dr. Donald J. H. Payne, Director of the Northallerton Public Health Laboratory, whose help and advice at the time of the outbreak, and whose constructive criticisms of this article, have alike been invaluable.



**APPENDIX "B"**  
**AN OUTBREAK OF FOOD POISONING AT**  
**A LARGE DARLINGTON FACTORY**  
**JUNE, 1962**

On 8th June, 1962, the Medical Officer of Health was notified at 2.30 p.m. that about 20 employees had been taken ill during the preceding hour. The predominant symptom was vomiting. A public health inspector was immediately sent to the factory. When he arrived at about 3 o'clock he found that 35 people had reported to the Medical Centre. Several had been vomiting profusely and all were suffering from nausea and vomiting, the onset being from 12.45 p.m. onwards. The Sister-in-Charge, who had suspected food poisoning, had saved specimens of vomit and had asked for remains of food in the canteen to be retained. By 4 p.m. a total of 59 persons had reported to the Medical Centre and others were known to be feeling nauseated. As the factory closes at 4.15 p.m. and most of the employees are taken home in special buses, it was not possible to estimate the exact number of those who were mildly affected. All the patients had eaten egg rolls at their mid-morning break and this appeared to be the only common factor.

Investigations revealed that the rolls had been purchased at the six tea bars which had been supplied by the factory canteen. Altogether, 1,040 rolls had been sold. The 59 more seriously affected people were scattered widely throughout the various departments and shops. The weather was hot and sultry.

Specimens of vomit and food were despatched to the Public Health Laboratory, but no further enquiries could be made as the factory closed for the Whitsuntide recess.

By the following Wednesday reports from the laboratory indicated contamination of the egg mixture with *staphylococcus aureus* and a similar organism in the vomit. A medical officer visited the factory to examine the kitchen workers and to obtain details of the food preparation routine. No cutaneous lesions were detected, nor was there any history of infection in the previous week. One person confessed to a slight cold and there was a vague story of a part-time worker no longer employed having been unwell. Nasal swabs were taken from all the kitchen staff.

The preparation routine was as follows. Fresh eggs were boiled for thirty minutes in the afternoon of the day before the outbreak of illness. They were cooled in basins of water, then shelled, beaten up in a mixing machine, placed in a bowl, covered with paper and left in a refrigerator overnight. At 7.30 a.m. the next day the egg was mixed in the machine with milk and warmed margarine. The mixture was then allocated to 26 tea bar staff, who cut, buttered and filled the rolls for six tea bars.

Of the nasal swabs submitted to the laboratory, two were negative and four grew *staphylococcus aureus*. The four people concerned were responsible for shelling the eggs and making the mixture.

When the factory re-opened on the Wednesday after the Whitsuntide break all the employees who had been affected returned to work with one exception. She stayed off work for the remainder of the week. All had recovered quite quickly from their indisposition. No further trouble has been experienced.







County Borough of Darlington

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# ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

for the

Year Ending 31st December, 1962

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ANNUAL REPORT, 1962

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School Clinic,  
Feethams,  
Darlington.

*To the Chairman and Members  
of the Education Committee.*

Ladies and Gentlemen,

I have pleasure in submitting herewith the Annual Report of the School Health Service for 1962 and I may say at once that, just as a happy people has no history, so an uneventful year may be taken as indicating a satisfactory state of affairs with your service. This is not to suggest any room for complacency and a number of growing points exist in the service in respect of which I must admit with regret that no very great development was to be shown during the year in question. It is hoped, however, that a more interesting story may be ready to tell in the report for next year.

The results of routine inspection in the schools showed the same pattern of overall good health which we have come to expect in recent years. The number of children whose physical state was graded as unsatisfactory was 4 out of 4,745 youngsters inspected which is equivalent to 0.1%. Admittedly this is a somewhat subjective assessment arising from the general appreciation made by your School Medical Officers of each child they examine, but all your officers are highly experienced medical personnel and their findings are all closely similar so that you may have the completest confidence in the results described.

It is pleasant to record that an additional School Medical Officer, also of course Assistant Medical Officer of Health, was appointed in May. Dr. Elaine M. Osborne who came to you with the highest recommendations from the City of Bradford and who has amply fulfilled them. It is perhaps a justifiable peep in the future to tell you now that in 1963 she obtained her Diploma in Child Health which is, of course, a specialist qualification in paediatrics and one which the Deputy Principal School Medical Officer, Dr. W. Mary Markham, also possesses.

One aspect of the work of your department worthy of note in 1962, though the effect of its momentum was not fully felt that year, was the increased interest of teachers towards the detection of mental subnormality among their children with a consequent acute problem of accommodation. You should not imagine from this that there is any absolute increase in the amount of mental subnormality in the child population but with the recent increase in number of children, those who are mentally subnormal will also be absolutely though not relatively more numerous.

It is pleasant to record the appointment during the year of Mrs. G. Emery, Speech Therapist, this post being one of the utmost value for any Local Education Authority and as you will see from the body of the report she and the Teacher of the Deaf, Miss T. Sproates, have shown close and useful co-operation.

The quasi-independent but even more closely co-ordinated Child Guidance Clinic continued to give excellent work and the report of the Psychiatrist and Psychologist, already independently submitted to you, is almost *in toto* in the following pages.

One very serious defect in your service is the inadequate number of School Nurses. As for all forward looking authorities the majority of present and all future appointments to this duty will be combined with health visiting and in fact the up-to-date name of the School Nurse is the School Health Visitor, the possession of the appropriate certificate being regarded as essential. For years there has been a difficulty in recruiting staff of this category to Darlington which is probably due to many related factors but not by any means one of the least is the miserable accommodation where they are expected to work as illustrated by the School Clinic, which is recognisedly long obsolescent, and the Health Department itself. I know you will share my hope that the speedy completion of the new Municipal Offices will remove this disgrace from the town.

From the point of view of school health the categories of children in greatest need of care and oversight are those going to the Open Air School to which the Deputy Principal School Medical Officer has paid the most careful attention. During the year the Ministry of Education undertook an inspection of this school and their overall favourable report has been received.

One of the positive achievements of the year was in connection with the Open Air School when Dr. D. R. L. Newton, Consultant Physician in Physical Medicine was appointed on a part-time basis to exercise general supervision over the physiotherapy and in other activities carried out at the school. This was another instance of a close link up of all the artificially separated sections of the Health Service.

Last but by no means least I should like to convey my thanks to all my colleagues, medical, dental, nursing, auxiliary and clerical without whose zeal and devotion the good work of the department would be impossible and especially to my Deputy, Dr. W. Mary Markham, to whom I gratefully attribute the authorship of most of this report.

To you too, Ladies and Gentlemen, I should like to express the thanks of your staff and myself for your continuing interest and support.

I have the honour to remain,

Your obedient Servant,

JOSEPH V. WALKER.



## MEMBERS OF THE EDUCATION COMMITTEE

Coun. R. H. Loraine, J.P. (The Mayor till May, 1962).

Ald. F. Thompson (The Mayor from June, 1962).

Coun. J. W. Stokoe (Chairman).

Coun. The Rev. M. A. Beaton (Vice-Chairman).

Ald. H. P. Bell, M.B.E., J.P.

Ald. A. J. Best, O.B.E., J.P.

Coun. G. L. Bowen (till May, 1962).

Coun. A. Brown.

Coun. D. F. Craig (from 26.2.62  
till May, 1962).

Coun. J. J. Dauber (till May, 1962).

Coun. T. Donnelly, J.P.

Coun. H. Hannah.

Coun. Mrs. G. W. Raine.

Coun. J. W. Skinner.

Coun. Cecil Spence.

Coun. G. W. Welford, J.P.

Coun. Mrs. M. Wilkinson.

Coun. J. E. Angus, J.P. (from June,  
1962).

Coun. Mrs. M. Cottam (from June,  
1962).

Coun. P. Jameson (from June, 1962).

Miss O. M. Stanton, M.A.

## SCHOOL MEDICAL AND DENTAL SERVICE STAFF

### Principal School Medical Officer

Joseph V. Walker, M.D., M.R.C.P., D.P.H.

### Deputy Principal School Medical Officer

W. Mary Markham, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

### School Medical Officers

John F. Bishop, M.B., Ch.B., C.P.H.

Elaine M. Osborne, M.B., Ch.B., D.P.H., D.R.C.O.G. (from 1.5.62).

### Principal School Dental Officer

J. McAra, L.D.S., R.C.S.

### School Dental Officer

P. Waterfall, L.D.S., R.C.S.

### Consultant Anaesthetist

A. P. Wright, M.B., Ch.B., F.F.A.R.C.S., D.A. (Eng.) (part-time).

### Consultant Ophthalmologists

J. L. Wilkie, M.B., Ch.B., F.R.C.S.Ed. (part-time).

J. McClemon, M.B., Ch.B., D.O.M.S. (part-time).

### Consultant in Physical Medicine

D. R. L. Newton, M.R.C.P.(Lond.), D.Phys.Med.

### Educational Psychologist

L. F. Mills, B.Sc., B.Ed., Ph.D.

### Consultant Psychiatrist

L. W. Robinson, M.B., Ch.B., D.P.M. (part-time).

### Social Worker

Mrs. C. M. Ruddock (part-time).

### Teacher of the Deaf

Miss T. Sproates.

### Speech Therapist

Mrs. G. Emery (part-time) (from 11.10.62).

**Physiotherapist**

Mrs. D. E. Parkin (part-time).

**Superintendent School Health Visitor**

Miss E. Winch, 1a, 2, 3, 4.

**School Health Visitors**

Mrs. E. Allan, 1a, 2, 3.

Miss D. Smith, 1a, 2, 3.

Mrs. D. Barry, 1a, 1c, 2, 3.

Miss E. Jackson, 1a, 2, 3.

Mrs. M. D. Whalen (née Baldwin),  
1a, 2 (part 1), 3.

Mrs. C. H. Ellis, 1a, 2, 3.

Miss D. S. Owen, 1a, 2 (part 1), 3.

Miss M. Mossman, 1a, 2 (part 1), 3  
(resigned 31.7.62).**School Nurse**

Miss D. M. Goodinson, 1a, 2.

**Assistant School Health Visitors**

Miss V. A. Lorrison, 1a, 2, (part 1), (from 1.3.62—31.8.62).

Mrs. J. Robinson, 1a, 2 (from 1.11.62).

**Clerks**

Miss A. C. Smith (Senior Clerk).

Mrs. P. Prest (resigned 30.9.62).

Miss M. Langhorne.

Miss M. Stobart.

Miss M. Allen.

Miss B. Gregg (from 1.10.62).

1. State Registered Nurse: (a) General, (b) Fever, (c) Sick Children.
2. State Certified Midwife.
3. Health Visitor's Certificate of the Royal Society for the Promotion of Health.
4. Nursing Administration Certificate of the Royal College of Nursing.

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**GENERAL INFORMATION****School Population**

Nursery Schools and Classes	...	...	399
Primary	...	...	6,797
Secondary	...	...	5,784
Special	...	...	139
Total			13,119

**SCHOOL CLINIC****The Minor Ailments Clinic**

A Minor Ailments Clinic was held daily from 9—10 a.m., at the Central School Clinic. In addition the subsidiary clinic, begun at the end of the previous year at Alderman Leach Primary School, has become established. The Health Visitor for the Cockerton area attends on Tuesday and Thursday afternoons at 1.30 p.m. The average number of children who attend is 20, which indicates the need for such a service. The clinic is used mainly for primary school children in the area but older boys and girls attending

secondary schools elsewhere but living in Cockerton often find it more convenient than the Central Clinic. The total number of attendances for minor ailments has increased which indicates that there is still a need for the service and that decentralisation is the way to meet the need.

*Attendances during the past five years*

1962	—	3,691
1961	—	3,049
1960	—	3,261
1959	—	2,055
1958	—	4,235

**Defects Treated during the past five years**

		<i>Skin conditions</i>	<i>Eye conditions</i>	<i>Ear, Nose and Throat conditions</i>	<i>Miscellaneous conditions</i>
1962	...	267	22	24	354
1961	...	195	12	32	360
1960	...	209	18	58	287
1959	...	42	25	55	439
1958	...	74	40	58	645

**Special Examinations**

As in previous years many children attended at the School Clinic for special examination. These included referrals by the Chief Education Officer where poor attendance is stated by the parents to be due to ill-health. Such cases can be very time consuming as the physical disorder is often related to emotional disturbance or poor social conditions. Many of these children's ailments are unlikely to respond satisfactorily to specific medical treatment and prolonged oversight by the Medical Officer and Health Visitor is often needed.

A greater awareness in the schools has produced an increased number of referrals on Form 3 H.P., of educationally retarded children. These cases too present difficulties which need much time and patience. Here the parents are being faced with the unpalatable fact that their child is backward and needs special teaching—usually at a special school. Eventually most of them accept the situation but their reluctance to do so and sometimes their antagonism may last for a long time.

Other children referred by teachers, health visitors and parents nearly always have psychogenic disorders and in addition children with frank physical handicaps are seen with a view to admission to the Open Air School or to special residential schools.

283 school children attended for medical examination with a view to taking up part-time employment.

**Medical Examinations of College Entrants, Teachers and other Employees of the Education Department**

There has been an increase of 38 individuals examined, the total being 198.

College entrants—66.

Teachers and others—132.



## SPECIAL SCHOOLS

### **Salters Lane Open Air School**

At the end of the year, 79 children were attending. Of these, 52 were classed as delicate, 26 as physically handicapped and one partially deaf.

A major step forward has been the appointment of Dr. D. R. L. Newton, M.R.C.P., Consultant in Physical Medicine. He attends for two sessions a term to see physically handicapped children. His liaison with the Darlington Memorial Hospital has been instrumental in obtaining appliances and his advice to the Physiotherapist has proved of great value.

During the year, three partially sighted children had to be transferred to residential schools as they became increasingly in need of specialised teaching.

A few children who might better be classed as "maladjusted" have been admitted and are doing well. This is of value as vacancies in special schools or hostels are almost unobtainable.

The School Nurse attends each morning and a Nursing Assistant is present all day to supervise treatment and toilet problems. The Physiotherapist attends for two sessions a week and now works in close collaboration with Dr. Newton.

### **Barnard School for Educationally Subnormal Pupils**

At the end of the year all the 60 places in the school were occupied and there was a waiting list of 11. This is causing great concern, because the special care needed is not being given to these children and because, having accepted the retardation and special needs of their children, the parents become disturbed and resentful when this is not readily available. The children too become unsettled and confused and even less able to progress in the ordinary school than before.

During the year, 4 pupils were transferred to residential schools, 4 left on attaining 16 years of age, 4 were ascertained as unsuitable for education in school, and 11 new pupils were admitted including 2 who moved in from other authorities.

A meeting is held each term to which leavers and their parents are invited. The Headmaster, Youth Employment Officer, Mental Welfare Officer and School Medical Officer all attend to discuss the boys' and girls' prospects of employment and future social activities. Advice is given and arrangements made to make the break between school and employment as smooth as possible. Unfortunately general unemployment has reduced the availability of suitable work.

### **Handicapped Children attending Schools outside the County Borough**

Blind and Partially Sighted—9 are in Residential Special Schools.

Deaf and Partial Hearing—9 are in Residential Special Schools and 5 travel daily to Middlesbrough School for the Deaf.

Delicate—2 are in Residential Special Schools.

Physically Handicapped—3 are in Residential Special Schools.

Educationally Subnormal—11 are in Residential Special Schools.

Maladjusted—2 are in Residential Homes.

Epileptic—1 is in a Residential Special School.



## Handicapped Children in Normal Schools

Many children suffering from chronic disabilities are able to attend normal schools. These include 9 epileptics and 41 with other physical disorders.

## Home Tuition

This has been arranged for 13 children during the year for varying periods of time and many different types of disability. There is one child with multiple defects who is never likely to be able to attend school.

## ILLNESS AMONGST SCHOOL CHILDREN

### Notifiable Infectious Disease Amongst School Children

						Cases
Whooping Cough	...	...	...	...	...	8
Measles ...	...	...	...	...	...	14
Scarlet Fever ...	...	...	...	...	...	15
Infective Hepatitis	...	...	...	...	...	2
Food Poisoning ...	...	...	...	...	...	5
Acute Pneumonia	...	...	...	...	...	1

There was also an outbreak of vomiting and diarrhoea in one infant school in October. The Headmaster reported that on one day he had to send home 21 children and on the previous 2 days 5 and 6 had been taken ill. One teacher was affected. None of the pupils in the adjoining junior school were involved although in several families, brothers and sisters attended both schools. A Public Health Inspector visited the school, the families affected and also the School Kitchen from which dinners were supplied. No other schools supplied by the same kitchen were affected and no positive laboratory results were obtained from faecal and food specimens examined.

The illness was short lived and the children were back at school in 24-48 hours.

### Children Admitted to Hospital

As in previous years an analysis of school children admitted to hospital is submitted:—

#### Diseases of the Ear, Nose and Throat

Removal of Tonsils and Adenoids	...	...	...	129
Otitis Media	...	...	...	11
Treatment of other conditions	...	...	...	70

#### Diseases of the Eye

Operative correction of squint	...	...	...	14
Other conditions, including injuries	...	...	...	9

#### Acute Surgery

Appendicitis	...	...	...	...	53
Osteomyelitis	...	...	...	...	2
Other acute conditions...	...	...	...	...	3

**Non-Acute Surgery**

Orthopaedic procedures	...	...	...	...	14
Hernia repairs	...	...	...	...	9
Dental operations	...	...	...	...	7
Circumcision	...	...	...	...	5
Other conditions	...	...	...	...	23

**Various Medical Conditions**

Congenital Disease of the Heart	...	...	...	2
Diabetes	...	...	...	3
Other conditions	...	...	...	36

**Infectious Diseases**

Rubella	...	...	...	...	1
Salmonellosis	...	...	...	...	1
Gastro-enteritis	...	...	...	...	2
Glandular Fever	...	...	...	...	1
Pneumonia	...	...	...	...	2
Meningitis	...	...	...	...	2

**Accidents**

Burns and Scalds	...	...	...	...	3
Fractures and Dislocations	...	...	...	...	23
Foreign Body	...	...	...	...	1
Other Injuries	...	...	...	...	24

**Skin Conditions****The following Deaths occurred amongst School Children**

Infective Hepatitis	...	...	...	...	1
Bilateral Hydronephrosis	...	...	...	...	1
Accidents	...	...	...	...	3

**IMMUNISATION**

During the year, 32 children completed a full course of immunisation against diphtheria and 379 were given re-inforcing injections. As before every effort was made to complete immunisation against diphtheria, whooping cough, tetanus and poliomyelitis before school entry. The number of children being protected against tetanus in their early years is increasing and the need for anti-tetanic serum should an accident occur is consequently reduced. This not only gives the child protection at the time of the accident but also avoids the unpleasant consequences frequently experienced after injection of serum.

B.C.G. vaccination continued to be offered at 13 years of age. Consent was given in 84.9%, i.e., 1,050 acceptances and 188 refusals. The number of positive reactors found on testing was 248 which is 23.6%. This is a slight improvement on last year's figure of 25.4%. Vaccination was also offered to students at the College of Further Education and Darlington Training College for Teachers. Only a small number of students accepted but it must be borne in mind that many had already been vaccinated during their school days.

## SCHOOL MEALS SERVICE

Of the 1,149,416 meals taken by school children, 110,107 were provided free. The average number distributed per day was 5,864.

2,219,612 bottles of milk were supplied.

### Specimen Menu

<b>Monday</b>	Bacon and Egg Pie, Tomato Sauce, Roast Potatoes, Carrots. Rice Pudding, Stewed Apricots.
<b>Tuesday</b>	Roast Beef, Yorkshire Pudding, Cabbage, Potatoes, Gravy. Apple Tart and Custard.
<b>Wednesday</b>	Steak and Kidney Pie, Turnip, Potatoes, Gravy. Fresh Fruit Salad and Blancmange.
<b>Thursday</b>	Tongue and Salad, Salad Dressing, Baked Potatoes. Steamed Syrup Sponge and White Sauce.
<b>Friday</b>	Braised Steak, Peas and Carrots, Potatoes. Coconut Cheese Cake and Custard.

During the year obesity in school children was given some consideration. In addition to other measures, arrangements were made for fruit to be supplied instead of puddings in the secondary schools if advised by the Medical Officer.

## DENTAL REPORT

The Principal School Dental Officer, Mr. J. McAra, has reported as follows:—

The work of the Clinic has again proceeded on normal lines during the year.

Attendances for treatment, the number of children attending and the volume of work completed remains constant. Routine School Inspections, however, show a decrease during the period but this is understandable as the amount of treatment found necessary is continually on the increase. Again the percentage of acceptances is slowly rising along with the increasing numbers of children returning regularly for inspection and treatment. This is particularly pleasing as it shows the value of the efforts of the Staff in educating young patients in the importance of Dental Health. This is being realised more and more by the children themselves.

Next year it is proposed to start, as an experiment, an extra evening session during the summer term. If this is successful probably this experiment could be extended until such time as the long awaited new Clinic has been completed, when it is hoped that room will be provided for expansion of this important service.

I am once again indebted to Mr. Waterfall, Dr. Wright, Miss Langhorne and Miss Allen for their co-operation.

## OPHTHALMIC CLINIC

Mr. Wilkie and Mr. McClemont conducted alternate weekly sessions throughout the year. They have no outstanding features to report but mention that the appointment of an Orthoptist at the hospital has improved the facilities for treatment of squint.



During the year 314 new cases, and 234 follow-up cases attended. Spectacles were prescribed for 315. At the end of the year there were 90 names on the waiting list. Urgent cases and school leavers were given priority and plans were being made for extra sessions in the next year.

### CHILD GUIDANCE

The Educational Psychologist, Dr. L. F. Mills, reported as follows:—

#### 1. Establishment and Present Staff

*Consultant Psychiatrist:* Dr. L. W. Robinson, M.B., Ch.B., D.P.M.

*Educational Psychologist:* Dr. L. F. Mills, B.Sc., B.Ed., Ph.D.

*Psychiatric Social Worker:* Mrs. C. M. Ruddock, A.M.I.A.

*Secretary:* Miss M. Thornberry.

The only staff change during the year was the arrival on 2.7.62 of Miss M. Thornberry to take the place of Mrs. R. A. Gent who left to take up residence in Norwich.

Mrs. C. M. Ruddock continued to serve in a half-time capacity as our Social Worker.

#### 2. Premises

The Clinic continued to share the Back Beaumont Street premises with the Building Department of the College of Further Education. It had been expected that the provision of the new College in Cleveland Avenue would enable the Building Department to vacate Back Beaumont Street, thus giving the Clinic the opportunity of occupying the whole of the premises. This event has long been hoped for, first, as the two organizations are not suitable sharers of the same building, and secondly, as the extra rooms would give the Clinic the accommodation appropriate to its needs. The latest information however, is that the College will continue to occupy Back Beaumont Street for a number of years.

#### 3. New Cases referred in 1962

TABLE I

Year Ending	New cases opened		
	Boys	Girls	Total
31.12.62 ... ..	106	73	179*
31.12.61 ... ..	101	61	162

For the third year in succession, the number of new cases seen has constituted an increase on those seen in the previous year. This year the increase is 10% above the 1961 total.

\* In addition, 10 new cases were dealt with on behalf of Durham County.

#### 4. Case Work

TABLE II

Year Ending	Number of interviews	
	with children	with parents
31.12.62 ... ..	1217*	1005*
31.12.61 ... ..	1059	899

\* In addition, over the year, 88 children and 86 parents were interviewed on behalf of Durham County.



## Waiting List Situation

TABLE III

Year Ending	Awaiting Initial Investigation	Initial Investigation Proceeding	Initial Investigation Completed but Awaiting Treatment	Totals
31.12.62	27	12	9	48
31.12.61	10	15	12	37

It is perhaps desirable to offer here a brief explanation of the headings of the columns shown in Table III. When a child is referred to the Clinic, the case takes its place on the waiting list and is said to be "awaiting initial investigation". The length of time which elapses before an appointment can be made depends on the number of children already on the list and the degree of urgency involved. The initial investigation comprises a brief interview with a parent by the psychologist, followed by detailed psychological testing of the child. While the psychologist is doing this, the social worker has what is usually a lengthy interview with the parent to obtain as detailed a case history as possible. At this stage, while awaiting an appointment possibly 2 or 3 weeks later for the psychiatrist to interview child and parent, the case is designated as "initial investigation proceeding". After the psychiatrist has seen child and parent, the appropriate action to be taken (either advice or treatment) is decided upon at a conference of the Clinic team. If psychiatric treatment is required, there is usually a further wait of several weeks (again dependent on urgency) before the treatment can commence. At this stage, the case is listed as "initial investigation completed—awaiting treatment".

Concurrent with the increase in the number of cases referred over the past 3 years, there has been a corresponding increase in the size of the waiting list.

## 5. Sources of referral during 1962 compared with 1961

TABLE IV

	1961	1962
Chief Education Officer ... ..	22	8
School Medical Department .. .	56	88
Mental Health Department... ..	1	—
Headteachers ... ..	34	32
Teacher of the Deaf ... ..	3	2
Children's Officer's Department ... ..	3	—
Parents ... ..	23	18
Family Doctor ... ..	9	21
Youth Employment Officer... ..	2	1
Consultant Physician ... ..	1	2
Consultant Psychiatrist ... ..	2	3
Juvenile Bench ... ..	2	2
Probation Officer ... ..	1	1
Co-ordinating Committee ... ..	2	—
Clergy ... ..	1	—
Solicitor ... ..	—	1
	<hr/> 162	<hr/> 179

One interesting feature is the significant increase in the number of direct referrals by Darlington Family Doctors which is very likely due to a meeting held early in 1962 with the local B.M.A. Committee at which arrangements for direct referral to the Clinic were discussed.

## **6. Causes of Referral**

The six headings under which the referrals in 1962 are grouped are those suggested in the "Report of the Committee on Maladjusted Children" (S.O. 1955). A few words of explanation of the headings are given below.

### **(i) Nervous Disorders**

The word nervous is, of course, used in its popular sense to describe a disorder which is primarily emotional and many childish disorders fall into this category. Included are those who are fearful for some reason or other and go on being frightened even when their fears are in no way justified from the standpoint of external reality. Also included are those who are excessively timid, who cannot face strangers, who suffer from nervous sickness, and who dread going to school.

### **(ii) Habit Disorders**

There is no hard and fast division between this category and that above. The name brings out the fact that many children require help because they have failed to develop some habit regarded as normal and appropriate for their age, such as a regular rhythm of sleep or dryness at night, or because they have developed a habit which would be regarded as abnormal or at least undesirable at any time, such as stammering, twitching, sleep-walking or nervous vomiting.

### **(iii) Behaviour Disorders**

In this category were placed those cases in which the children appeared to be in active conflict not only within themselves, but with their environment in general. In such cases the disorders ranged from minor disturbances, such as temper tantrums, jealous behaviour, romancing, to the more serious disorders of persistent truancy, cruelty, delinquency and sexual troubles.

### **(iv) Organic Disorders**

Whereas the disorders described above are expressions or symptoms of psychological disturbance, in this category the symptoms are produced either by some physical defect or by physical changes, usually in the brain or spinal cord. The original causes may be illness or injury. In general, few cases of this nature are referred to the Child Guidance Clinic as they are generally already under medical surveillance.

### **(v) Psychotic Behaviour**

This might be simply and comprehensively described as conduct which is so profoundly disturbed that disruption of the normal patterns of development takes place at all levels, intellectual, social and emotional. Such children are often described as living in a world of their own. They fail to achieve normal relationships with other people or things, and are thus often remote, solitary, incontinent, sleepless, unoccupied, and ineducable. Fortunately, few children fall into this category.

### (vi) Educational Difficulties

This category is comprised almost entirely of the cases referred because of poor educational progress and where the cause appears to be low intelligence, and where the educational retardation is sufficient to require a decision to be made with regard to special educational treatment.

### Causes of Referral in 1962

TABLE V

	Nervous (i)	Habit (ii)	Behaviour (iii)	Organic (iv)	Psychotic (v)	Educational/ Vocational (vi)	Totals
Boys ...	27	20	25	1	—	33	106
Girls ...	16	10	12	—	1	34	73
Totals	43	30	37	1	1	67	179

The 67 children placed in the Educational/Vocational category were referred mainly for information or advice regarding their response to the type of education they were receiving. Of these 67 referrals, 23 children were found to need special school education and 10 were considered to be incapable of being educated at school. In addition, 2 children referred as behaviour disorders, were recommended for special school education.

### 7. Action taken on 1962 Referrals

The action taken is quite simply categorised under two headings as follows:—

#### (i) Advice

This is generally a report of assessment to the Chief Education Officer, the School Medical Officer, the head teacher, family doctor, parent or other person seeking information, together with a recommendation as to a course of action considered desirable.

#### (ii) Treatment

This category concerns the children who need psychiatric treatment though a few children who attend regularly for remedial coaching in reading by the psychologist are included under this heading. Psychiatric treatment is entirely the province of the psychiatrist who interviews, at regular intervals, all children requiring such treatment. As maladjustment in its various forms almost always concerns the child/parent relationship, the success of the treatment very largely depends on the co-operation and understanding of the parent, and usually, while the child is with the psychiatrist, the social worker, under the psychiatrist's direction, is at work with the parent. The social worker's interviews with parents are normally carried out in the Clinic, but where difficulties are encountered, both the social worker and the educational psychologist carry out home visits.



TABLE VI

(Of the 179 cases opened in 1962 the following action was taken)

	Closed in 1962	Continued to 1963	Totals
Advice ... ..	75	21	96
Treatment ... ..	20	63	83
Totals ... ..	95	84	179

Treatment at the Child Guidance Clinic normally means regular attendance over a period rarely less than 12 months. It is to be expected, therefore, that a high proportion of the 1962 referrals requiring treatment should continue into 1963. Cases requiring advice on the other hand need only two or three visits to the Clinic.

## 8. The Treatment Situation

Experience over the years has shown that the success of psychiatric treatment with children depends very largely on the amount of co-operation and understanding the parents are capable of giving, once the treatment has commenced. In a proportion of the cases, for a variety of reasons, the parents concerned seem unable to provide the kind of support that is needed, and one is forced reluctantly to discontinue treatment as progress is not being made. One of the commonest causes of such closure for example is repeated failure to keep appointments. The number of these cases which have to be closed without the treatment producing a satisfactory result varies from year to year. This year was the lowest on record—9% (12% 1961).

TABLE VII

	Cases Closed in 1962		Continuing to 1963	Totals
	Improvement sufficient to warrant cessation of treatment	Treatment concluded without satisfactory result		
Brought forward from previous years	48	13	28	89
Opened in 1962 ...	11	9	63	83
Totals ... ..	59	22*	91	172

\* 4 left district; 16 Non-co-operation; 2 admitted to approved school.



## 9. Summary of case position at the end of 1962

All of these are treatment cases with the exception of one or two referred for advice right at the end of the year.

**TABLE VIII**

	'56	'57	'58	'59	'60	'61	'62	Total
Cases opened in the years shown which were still open on 31.12.62 ... ..	1	—	4	6	7	12	84	114

## 10. The School Psychological Service

The Educational Psychologist exercises something of a dual function, and when not working as a member of the psychiatric team in the Clinic, he works as an educational adviser in the schools. The visits to schools are to check on the progress and behaviour in schools of numerous children attending the Clinic, to assess intellectual and educational levels of various children at the request of Head Teachers, to give talks to parent-teacher associations, and to attend functions connected with individual schools. The nature of this School Psychological Service as it is called, is described very fully in the document prepared by the British Psychological Society, a copy of which is attached to this annual report. It is hoped that head teachers to whom the leaflet is circulated, will give class teachers the opportunity to study it.

During the year, full psychological and educational assessments were made on school premises and detailed reports provided for head teachers in the case of 100 pupils.

## 11. Conferences

Dr. Mills was unable, for a personal reason, to attend the Eighteenth Child Guidance Inter-Clinic Conference held in London in April.

Dr. Robinson attended the Study Weekend of the Child Psychiatry Section of the R.M.P.A. at Pulborough in July, and the annual conference of the Northern Group of Child Guidance Clinics at Leeds in September.

## 12. Conclusion

Once again, the Staff of the Child Guidance Clinic wishes to acknowledge the kindness and support of all who have had contact with the Clinic during 1962. In particular, thanks are due to the Chief Education Officer and his staff, the Principal School Medical Officer and his staff, Head Teachers, and various organisations, both statutory and voluntary, caring for children in Darlington, who, by their co-operation, have contributed much to the completion of a successful year's work.

## DEAF CHILDREN

Towards the end of the year, a meeting was arranged between the Deputy Principal School Medical Officer, Miss Sproates, Teacher of the Deaf and Mr. Monro, Consultant Ear, Nose and Throat Surgeon. Several points of interest

were discussed which have resulted in better facilities for deaf children, including the provision of a standard deaf aid for use in the clinic. This will enable Miss Sproates to estimate the ability of a deaf child to benefit from such an aid and also to familiarize the child and his parents with the technique.

Miss T. Sproates, Teacher of the Deaf, reports as follows:—

### **Cases dealt with during the year**

#### **Sweep Frequency tests in Schools**

No. of children tested—652.

No. re-tested—57.

#### **Children suspected of partial deafness who were referred for tests of hearing**

##### **Sources of referrals—**

School Medical Officer	...	...	...	26
Headteachers	...	...	...	10
Educational Psychologist	...	...	...	1
Speech Therapist	...	...	...	1
Parents	...	...	...	2
Total ...				40

#### **Classes for children with Impaired Hearing**

No. of children who received instruction in lipreading and where necessary speech improvement—23.

No. of children in ordinary schools who were supplied with hearing aids—3.

No. of children transferred to Schools for the Deaf—3.

#### **Children suspected of Educational Subnormality**

No. referred for testing—34.

No. found to have a hearing loss—6.

#### **Speech Defects**

No. of children who continued to receive treatment at the clinic from the Teacher of the Deaf after the appointment of the Speech Therapist in October—18.

Treatments also continued at Salters Lane Open Air School and Barnard School.

#### **Conclusion**

I should like to express my thanks to the Chief Education Officer and his staff, the Principal School Medical Officer and his staff and Headteachers for their help and co-operation throughout the year.

### **SPEECH THERAPY**

A Speech Therapist, Mrs. G. Emery, was appointed in October. She was already employed on a part-time basis elsewhere and could only give

4 sessions a week to Darlington. Since her predecessor left in May, 1960, Miss Sproates, the Teacher of the Deaf, has given some of her time to children with severe speech defects.

A formidable waiting list had been built up which was quickly augmented after Mrs. Emery's appointment. Her first task was to review all these cases and estimate their priority. Later she was able to begin visiting schools to consider cases referred by headteachers.

The report which follows includes work carried out by Miss Sproates initially and subsequently by Mrs. Emery in conjunction with Miss Sproates.

Mrs. G. Emery, Speech Therapist, reports as follows:—

**No. of Interviews**

Miss Sproates	...	...	...	...	25
Mrs. Emery	...	...	...	...	76

**No. of Children Treated**

Miss Sproates	...	...	...	...	64
Mrs. Emery	...	...	...	...	20

**No. of Children Discharged**

Miss Sproates	...	...	...	...	25
Mrs. Emery	...	...	...	...	13

**No. of Children Remaining under Treatment**

Miss Sproates:					
Regular	...	...	...	...	25
Review	...	...	...	...	5
Mrs. Emery:					
Regular	...	...	...	...	20
Under Observation	...	...	...	...	29

**Waiting List**

Awaiting Treatment...	...	...	...	9
Awaiting Interview	...	...	...	15

**No. of Children seen in School**

Attending for regular treatment (included in nos. above)	...	...	...	4
Under Observation (included in nos. above)	...	...	...	1
Awaiting Interview with Parents	...	...	...	23
No Treatment Necessary	...	...	...	22
				50

I should like to thank the Chief Education Officer, and all connected with the Education and School Health Service for all their help and co-operation during my first months here.

## PHYSICAL EDUCATION

The Organiser of Physical Education, Mr. A. I. Cameron, reports as follows:—

### General

Significant of the broader outlook now prevalent in schools is the wider range of activities which is being offered to pupils to cater for their diverse

interests and capabilities. Particularly interesting is the extension of outdoor activities, mainly in connection with the Duke of Edinburgh's Award Scheme. The Scheme has introduced pupils to a variety of interests which hitherto had not been catered for.

Among the numerous activities now organised for pupils are camping expeditions and canoeing. This introduction to country life and water skills undoubtedly has a marked effect on the character and experience of town dwellers. Particularly interesting is the willingness of both teachers and pupils to participate in these activities after school hours and at week-ends.

When it is realised that camping expeditions can be an extension of the Geography lesson, or canoeing can be undertaken only by those who have qualified in swimming, then it can be appreciated how the practical application of the normal educational programme is extended.

### **Staffing**

The number of specialist teachers available for Secondary Boys' Schools is adequate. The position in Secondary Girls' Schools is one of acute shortage, however. This is a national problem and it becomes increasingly necessary to recruit more women, if standards are to be maintained, even at the current level.

### **Amenities**

The facilities for Physical Education continue to improve. The demand for new and improved apparatus does not abate, however. Schools now accept the subject as an important feature in a balanced, complete and effective education. It has been justifiably declared that often the tone of a school depends on the effectiveness of its Physical Education department.

All Primary and Secondary Schools now receive swimming instruction. All now have playing field facilities. All now have indoor training accommodation. While some pride may be justified in reporting this unique state of affairs, it is tempered by the quality of the facilities in which many schools operate. Much room still remains for improvement.

### **Pupils**

The understanding of the diverse interests and capabilities of pupils seems to be breeding a happier and more fit generation of children. Coupled with better living conditions, this attitude in schools is fostering, in children, a greater interest in themselves with respect to their physical well-being.

As the technical side of sport becomes more predominant, skills are more easily taught and understood, creating a greater interest in physical endeavour. Achievement breeds confidence and the resultant improvement in all round standards is most heartening.



## APPENDIX TABLES

**PART I. Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).****TABLE A. Periodic Medical Inspections.**

Age Groups inspected (By year of birth)	No. of Pupils inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	260	260	100	—	—	—	36	36
1957	663	661	99.7	2	0.3	2	66	68
1956	726	726	100	—	—	1	77	78
1955	122	121	99.2	1	0.8	5	17	21
1954	56	56	100	—	—	4	10	12
1953	26	26	100	—	—	1	9	9
1952	446	446	100	—	—	24	44	66
1951	767	767	100	—	—	64	48	109
1950	299	299	100	—	—	30	28	51
1949	21	21	100	—	—	3	12	12
1948	34	34	100	—	—	2	13	14
1947 and earlier	1,325	1,324	99.9	1	0.1	85	47	127
Total	4,745	4,741	99.9	4	0.1	221	407	603

**TABLE B. Other Inspections.**

Special Inspections	...	...	...	...	...	1,001
Re-Inspections	...	...	...	...	...	80
Total ...						1,081

**TABLE C. Infestation with Vermin.**

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	32,663
(b)	Total number of individual pupils found to be infested	467
(c)	Number of individual pupils in respect of whom cleansing notices were issued Section 54(2), Education Act, 1944 ... ..	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued Section 54 (3), Education Act, 1944 ... ..	—

**TABLE D. Screening Tests of Vision and Hearing.**

1.	(a)	Is the vision of entrants tested? ... ..	Not as a routine.
	(b)	If so, how soon after entry is this done?	—
2.		If the vision of entrants is not tested, at what age is the first vision test carried out? ...	At 8 years of age.
3.		How frequently is vision testing repeated throughout a child's school life? ... ..	Repeated at 10-11 years and 14-15 years.
4.	(a)	Is colour vision testing undertaken? ...	Yes.
	(b)	If so, at what age? ... ..	14-15 years.
	(c)	Are both boys and girls tested? ... ..	Boys only.
5.		By whom is vision and colour testing carried out? ... ..	School Medical Officer and Health Visitor.
6.	(a)	Is audiometric testing of entrants carried out? ... ..	Yes.
	(b)	If so, how soon after entry is this done?	During first year.
7.		If the hearing of entrants is not tested at what age is the first audiometric test carried out?...	—
8.		By whom is audiometric testing carried out?	Teacher of the Deaf.

## PART II. Defects found by Medical Inspection during the Year.

TABLE A. Periodic Inspections.

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS			
			ENTRANTS (3)	LEAVERS (4)	OTHERS (5)	TOTAL (6)
4	Skin	T	15	8	22	45
		O	6	4	14	24
5	Eyes— <i>a</i> Vision	T	7	85	129	221
		O	1	5	17	23
	<i>b</i> Squint	T	14	—	13	27
		O	6	—	4	10
	<i>c</i> Other	T	4	—	2	6
		O	1	—	—	1
6	Ears— <i>a</i> Hearing	T	8	2	8	18
		O	5	—	9	14
	<i>b</i> Otitis Media	T	4	—	6	10
		O	—	—	—	—
	<i>c</i> Other	T	—	—	2	2
		O	1	1	5	7
7	Nose and Throat	T	49	1	28	78
		O	38	2	51	91
8	Speech	T	9	1	8	18
		O	59	—	52	111
9	Lymphatic Glands	T	—	—	5	5
		O	8	1	2	11
10	Heart	T	5	1	2	8
		O	5	3	6	14
11	Lungs	T	7	1	10	18
		O	12	—	10	22
12	Developmental— <i>a</i> Hernia	T	1	—	—	1
		O	—	—	1	1
	<i>b</i> Other	T	3	1	16	20
		O	11	1	18	30
13	Orthopaedic— <i>a</i> Posture	T	2	—	1	3
		O	6	—	7	13
	<i>b</i> Feet	T	8	1	10	19
		O	9	8	23	40
	<i>c</i> Other	T	5	10	16	31
		O	6	5	39	50
14	Nervous System— <i>a</i> Epilepsy	T	—	—	2	2
		O	1	—	1	2
	<i>b</i> Other	T	1	—	3	4
		O	2	1	5	8
15	Psychological— <i>a</i> Development	T	1	12	33	46
		O	4	3	7	14
	<i>b</i> Stability	T	10	5	38	53
		O	31	—	23	54
16	Abdomen	T	1	2	2	5
		O	3	—	8	11
17	Other	T	4	6	17	27
		O	1	1	3	5

**TABLE B. Special Inspections.**

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin ... ..	19	2
5	Eyes a. Vision ... ..	14	2
	b. Squint ... ..	4	2
	c. Other ... ..	13	—
6	Ears a. Hearing ... ..	11	8
	b. Otitis media ... ..	1	—
	c. Other ... ..	9	1
7	Nose and Throat ... ..	20	19
8	Speech ... ..	23	16
9	Lymphatic Glands... ..	—	—
10	Heart ... ..	6	4
11	Lungs ... ..	19	9
12	Developmental :—		
	a. Hernia ... ..	—	1
	b. Other ... ..	3	1
13	Orthopaedic :—		
	a. Posture ... ..	1	1
	b. Feet ... ..	4	12
	c. Other ... ..	24	15
14	Nervous System :—		
	a. Epilepsy ... ..	5	2
	b. Other ... ..	2	1
15	Psychological :—		
	a. Development ... ..	37	3
	b. Stability ... ..	45	24
16	Abdomen ... ..	—	—
17	Other ... ..	42	7

**PART III. Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).****TABLE A. Eye Diseases, Defective Vision and Squint.**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	30
Errors of refraction (including squint) ... ..	548
<b>Total ...</b>	<b>578</b>
Number of pupils for whom spectacles were prescribed	315



**TABLE B. Diseases and Defects of Ear, Nose and Throat.**

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	2
(b) for adenoids and chronic tonsillitis ... ..	129
(c) for other nose and throat conditions ... ..	49
Received other forms of treatment ... ..	59
<b>Total ...</b>	<b>239</b>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1962 ... ..	5
(b) in previous years ... ..	8

**TABLE C. Orthopaedic and Postural Defects.**

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	60
(b) Pupils treated at school for postural defects ...	—
<b>Total ...</b>	<b>60</b>

**TABLE D. Diseases of the Skin (excluding uncleanness, for which see Table C of Part I).**

	Number of cases known to have been treated
Ringworm (a) Scalp ... ..	—
(b) Body ... ..	1
Scabies ... ..	27
Impetigo ... ..	36
Other skin diseases ... ..	218
<b>Total ...</b>	<b>282</b>

**TABLE E. Child Guidance Treatment.**

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ... ..	293

**TABLE F. Speech Therapy.**

	Number of cases known to have been treated
Pupils treated by speech therapists ... ..	20

**TABLE G. Other Treatment given.**

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ... ..	371
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	—
(c) Pupils who received B.C.G. vaccination ... ..	799
(d) Other than (a), (b), and (c) above (specify)—	
Burns and Scalds ... ..	3
Injuries ... ..	24
Various Surgical Repairs and Procedures ...	133
Total ...	1,330

**PART 4. Dental Inspection and Treatment carried out by the Authority.****(a) Dental and Orthodontic work.**

(1) Number of pupils inspected by the Authority's Dental Officers:—

(i) Periodic ... ..	3,033
(ii) Specials ... ..	1,138

Total (1) ... 4,171

(2) Number found to require treatment ... .. 2,624

(3) Number offered treatment ... .. 2,624

(4) Number actually treated ... .. 1,601

**(b) Dental work (other than orthodontics).**

(1) Number of attendances made by pupils for treatment, excluding those recorded at (c) (i) below	...	...	5,036
(2) Half days devoted to:			
(i) Periodic (School) Inspection	...	...	17
(ii) Treatment	...	...	799
		Total (2)	816
(3) Fillings:			
(i) Permanent Teeth	...	...	2,477
(ii) Temporary Teeth	...	...	29
		Total (3)	2,506
(4) Number of Teeth Filled:			
(i) Permanent Teeth	...	...	2,477
(ii) Temporary Teeth	...	...	29
		Total (4)	2,506
(5) Extractions:			
(i) Permanent Teeth	...	...	960
(ii) Temporary Teeth	...	...	2,137
		Total (5)	3,097
(6) Administration of general anaesthetics for extraction	...	1,266	
(7) Number of pupils supplied with artificial teeth...	...	23	
(8) Other operations:			
(i) Permanent Teeth	...	...	725
(ii) Temporary Teeth	...	...	15
		Total (8)	740

**(c) Orthodontics.**

(i) Number of attendances made by pupils for orthodontic treatment	...	...	1,216
(ii) Half days devoted to orthodontic treatment	...	...	88
(iii) Cases commenced during the year	...	...	34
(iv) Cases brought forward from the previous year	...	...	42
(v) Cases completed during the year	...	...	27
(vi) Cases discontinued during the year	...	...	7
(vii) Number of pupils treated by means of appliances	...	...	73
(viii) Number of removable appliances fitted	...	...	53
(ix) Number of fixed appliances fitted	...	...	—





